FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|---|-----|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* WO ROBERT W JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | | (Ch | Relationship eck all appli X Directo | cable) | g Pers | son(s) to Iss 10% Ov | |
|--|---|------------|---------------|-------------------------------|---|--|-----|--------------|--|-----------------|---|---|--------------|-------------------|---|--|---|--|--|--|
| (Last) | , | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| (Street) HONOL (City) | | tate) (| 26846 Zip) | -Deriv | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cl. Line) X Form filed by One Reportin Form filed by More than Or Person tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | orting Perso | on | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code (Instr. | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Benefici | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pri | | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (| | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transa Code (I 8) | | of E | | Exp | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forn Dire or In (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | kpiration ate | Title | or No of | umber | | | | | |
| Direc. Deferred Comp. Plan - BOHC Fund | (1) | 12/31/2020 | | | A | | 294 | | | (2) | | (2) | Comm Stoc | | 294 | \$77.012 | 22,356 ⁽³ | 3) | D | |

Explanation of Responses:

- 1. Investment election by reporting person to acquire stock under the Directors' Deferred Compensation Plan at a price equal to the price of derivative security set forth in column 8 (1 for 1).
- 2. Investment election by reporting person to acquire Bank of Hawaii Corporation stock under the Directors' Deferred Compensation Plan. Distributions to be made at termination of service as a director or
- 3. Securities reported were acquired with reinvested dividends pursuant to Bank of Hawaii Corporation's Dividend Reinvestment and Stock Purchase Plan.

Remarks:

/s/ Terry Sasamura for WO ROBERT W JR by Power of <u>Attorney</u>

** Signature of Reporting Person

01/05/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.