Edgar Filing: BANK OF HAWAII CORP - Form 4

BANK OF H	AWAII CORP)										
Form 4												
April 29, 201	4											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITE	D STATES		ITIES AI hington,]			NGE (COMMISSION	OMB Number:	3235-0287		
Check this	or								Expires:	January 31		
subject to	if no longer subject to STATEMENT OF CHANGES IN BEN									2005 average		
Section 16	ection 16. SECURITIES						burden hours per					
Form 4 or Form 5								response	0.5			
obligation	· ·						-	ge Act of 1934,				
may conti	nue. Section 1			•	•	- ·		f 1935 or Sectio	n			
See Instru 1(b).	ction	30(n)	of the Inv	/estment (Compan	y Aci	01 19	40				
(Print or Type R	esponses)											
	ddress of Reportin	-	2. Issuer	Name and '	Ticker or 7	Гradin	g	5. Relationship of	f Reporting Per	son(s) to		
APOLIONA HAUNANI S Symbol BANK								Issuer (Check all applicable)				
				OF HAWA	AII COR	P [B	OH]					
(Last) (First) (Middle) 3. Date o			3. Date of	te of Earliest Transaction				(enter un applicable)				
PO BOX 2900 04/25 (Street) 4. If A			(Month/Da	-				_X_ Director		6 Owner		
			04/25/2014					Officer (give title Other (specify below) below)				
			4. If Amer	ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mont	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
HONOLUL	U, HI 96846								One Reporting Po More than One Ro			
(City)	(State)	(Zip)	Table	I Non De			tion A a	quired, Disposed of	f on Ponoficio	lly Owned		
							iies Au			-		
1.Title of Security	2. Transaction E (Month/Day/Yea	Date2A. Deemedar)Execution Date, if		3. 4. Securities TransactionAcquired (A) or			r	Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Wohth/Day/Tea	any			Code Disposed of (D)				(D) or	Beneficial		
. ,		•	Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)				Owned	ndirect (I)	Ownership		
						Following Reported	(Instr. 4)	(Instr. 4)				
						(A)		Transaction(s)				
~				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	04/25/2014			А	945	А	\$0	16,800	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6.	. Date Exerc	isable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		er E	Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise	-	any	Code	of	(N	Month/Day/Y	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	· · · · ·		Secur		(Instr. 5)	Bene	
(11511-0)	Derivative		(111011111,2 u), 1 eur)	(1115111-0)	Securit					. 3 and 4)	(Insure)	Owne
									(msu	. 5 and 4)		
	Security				Acquir							Follo
					(A) or							Repo
					Dispos	ed						Trans
					of (D)							(Instr
					(Instr	3,						
					4, and :	5)						
				Code V	(A) (I	D) D	Date	Expiration	Title	Amount		
						E	Exercisable	Date		or		
										Number		
										of		
										Shares		

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Reporting Owners

Reporting Owner Name / Add	ess								
	Director	10% Owner	Officer	Other					
APOLIONA HAUNANI S									
PO BOX 2900	Х								
HONOLULU, HI 96846									
Signatures									
S. APOLIONA	04/29/2014								

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.