Edgar Filing: BANK OF HAWAII CORP - Form 4

BANK OF I	HAWAII CORP											
Form 4												
November 0	04, 2016											
FORM	ΠΔ								OMB AF	PPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
	Check this box							Expires:	January 31,			
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						ERSHIP OF	Estimated a	2005			
Section		NET TELETION						burden hours per				
Form 4 o								response	. 0.5			
Form 5 obligatio	n a -						-	Act of 1934,				
may con				•	•	÷ .	•	1935 or Section				
See Instr		30(h) c	of the Ir	nvestmen	t Compa	ny Ac	t of 1940)				
1(b).												
(Print or Type	Responses)											
(Thit of Type	(Kesponses)											
1. Name and Address of Reporting Person * TANABE BARBARA J2. Issuer Symbol				8				5. Relationship of Reporting Person(s) to Issuer				
-				COF HAWAII CORP [BOH]								
			3 Date o	ate of Earliest Transaction				(Check all applicable)				
()	() (-	· · ·		Aonth/Day/Year)				X Director	10%	Owner		
		11/03/2016					Officer (give title Other (specify					
			1					below) below)				
	(Street)			endment, D	-	al		6. Individual or Joint/Group Filing(Check				
Filed(Mo			onth/Day/Yea	ar)			Applicable Line) _X_ Form filed by One Reporting Person					
	11 11 06946							_A_ Form filed by O				
HUNULUI	LU, HI 96846							Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. Securities Acquired (ATransactionor Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)) 5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
-				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)			
Common Stock	11/03/2016			S	3,550	D	\$ 73.8789	7,974	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	Transacti	onNumbe	er E	Expiration Da	ate	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		5	<i>,</i>	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	ress	Relationships							
	Director	10% Owner	Officer	Other					
TANABE BARBARA J PO BOX 2900 HONOLULU, HI 96846	Х								
Signatures									
BARBARA TANABE	11/04/2016								
<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.