

Form 13F Filer Information

0000046195 Filer CCC File Number 06-30-2024
Filer CIK Period

Is this a LIVE or TEST Filing?

Radio button checked LIVE Radio button not checked TEST

Would you like a return copy?

Checkbox checked YES

Is this an electronic copy of an official filing submitted in paper format? Checkbox not checked YES

Submission Contact Information

Name

Phone

Email Address

Notification Information

Notify via Filing website only? Checkbox not checked YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

Notification Email Addresses:

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**United States
Securities and Exchange
Commission
Washington, D.C. 20549**

| OMB APPROVAL | |
|--------------------------|-----------------------------|
| OMB Number: | 3235-0006 |
| Estimated Average burden | hours per response.....23.8 |

Form 13F

Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 06-30-2024

Check here if Amendment: Amendment Number:

This Amendment (Check only one.): Checkbox not checked is a restatement.
 Checkbox not checked adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: BANK OF HAWAII CORP
130 MERCHANT STREET

Address: HONOLULU HI 96813

Form 13F File Number: 028-10844

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: Dean Y. Shigemura
Title: Vice Chair & Chief Financial Officer
Phone: 8886433888

Signature, Place, and Date of Signing:

Dean Y. Shigemura Honolulu, HAWAII 08-14-2024
[Signature] [City, State] [Date]

Do you wish to provide information pursuant to Special Instruction 5? Radio button not checked Yes Radio button checked No

Additional Information

Report Type (Check only one.):

Checkbox not checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

Checkbox checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

List of Other Managers Reporting for this Manager

[If there are no entries in this list, omit this section.]

| Name | Form 13F File No. | CRD No. (if applicable) | SEC File No. (if applicable) | CIK |
|----------------|-------------------|-------------------------|------------------------------|-----|
| Bank of Hawaii | 028-00416 | | | |

[Repeat as necessary.]