SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
OMB Number:	3235-0287				
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hours per response:	0.5				

	ons may contin ion 1(b).	ue. See		File							ities Exchang ompany Act o					hours	s per r	response:	0.5
					. Issuer Name and Ticker or Trading Symbol FIRST HAWAIIAN, INC. [FHB]						ck all ap		-	erson(s) to l X 10% C					
					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2018								Offic belo	er (give title w)		Other below	(specify)		
(Street) PARIS (City)	I0 (St		7 <mark>5002</mark> Zip)		4. lf	Ame	endment, Date of Original Filed (Month/Day/Year)					6. Ind Line)	Forr	or Joint/Grou n filed by Or n filed by Mo son	ne Re	porting Pers	son		
		Tabl	e I - N	on-Deriv	ative	Se	curitie	s Ac	quired	l, Di	sposed o	f, or I	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,			3. Transa Code (8)	ction Instr.	4. Securities Acquired (A) c Disposed Of (D) (Instr. 3, 4 str.						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	mount (A) or Pric			Transaction(s) (Instr. 3 and 4)				(
Common Stock 09/10/202			2018		5 20,000,000 D \$			\$2 <mark>8.</mark> 7	24,859,750				See footnote ⁽¹⁾						
Table II - Derivative Sect (e.g., puts, call													Owned						
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date Price of Derivative Security 3A. Deemed Execution Date, (Month/Day/Year)		on Date,	4. Transa Code (8)				6. Date Expirat (Month	ion Da		7. Title Amou Securi Under Deriva Securi and 4)	nt of ities lying itive ity (Inst	De Se (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numl of Share	ber					
	d Address of ARIBAS	Reporting Person [*]																	
(Last) 3 RUE D		(First)	(M	iddle)															

(City)	(State)	(Zip)	
PARIS	I0	75002	
(Street)			

1. Name and Address of Reporting Person^* BancWest Corp

787 7TH AVENUE

(Last)	(First)	(Middle)
180 MONTG	OMERY STREET	
25TH FLOO	R	
(Street)		
SAN FRANC	CISCO CA	94104
(City)	(State)	(Zip)
	dress of Reporting Person [*] as USA, Inc.	
(Last)	(First)	(Middle)

(Street) NEW YORK	NY	10019
(City)	(State)	(Zip)

Explanation of Responses:

1. The shares of the common stock, par value \$0.01 per share ("Common Stock"), of First Hawaiian, Inc. (the "Company"), are owned of record by BancWest Corporation ("BWC"). BNP Paribas USA, Inc. ("BNPP USA"), the parent company of BWC, and BNP Paribas ("BNPP"), the parent company of BNPP USA, are deemed to beneficially own all such shares of Common Stock. The board of directors of BNPP has the power to vote, or direct the vote of, and to dispose, or direct the disposition of, shares of Common Stock owned of record by BWC. BNPP may be deemed a director by deputization of the Company.

Remarks:

* Julien Montel also signed this Form 4 on behalf of BNP Paribas, as Senior Analyst of Corporate Financial Structuring. * James Farris also signed this Form 4 on behalf of BNP Paribas USA, Inc., as an Authorized Agent.

** Signature of Reporting Person 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.