FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>UYEDA ALLEN BRUCE</u>					2. Issuer Name and Ticker or Trading Symbol FIRST HAWAIIAN, INC. [ FHB ]										heck all app	ationship of Reportin c all applicable) Director		rson(s) to Is 10% Ov	vner	
(Last)	(Fi	rst) (ľ	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024										Office below	er (give title v)		Other (s below)	pecify	
C/O FIRST HAWAIIAN, INC. 999 BISHOP STREET, 8TH FLOOR					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lin	Individual or Joint/Group Filing (Check Applicable)  X Form filed by One Reporting Person				·		
(Street) HONOL	Street) HONOLULU HI 96813				Dul	Dula 40k5 4(a) Transportion by the street										Form filed by More than One Reporting Person				
(City)	(St	ate) (2	<u>Z</u> ip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Ben	eficia	ally Own	ed				
Date				te Exec onth/Day/Year) if an		Deemed cution Date, ny nth/Day/Year)					es Acquired (A) o Of (D) (Instr. 3, 4			nd Securit Benefic Owned	ties cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	) or )	Price		action(s) 3 and 4)			(Instr. 4)		
Common Stock 04/24/2						′2024					3,151(1)	) A		\$ <mark>0</mark>	25	29,133		D		
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f 9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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	Expiration Date	Title	or Nur of	ount nber ires								

## **Explanation of Responses:**

1. Represents restricted stock units that will vest on the earlier of (a) April 24, 2025, (b) the date of First Hawaiian, Inc.'s 2025 annual meeting of stockholders or (c) a change in control of First Hawaiian, Inc., subject to continued service on the First Hawaiian, Inc. Board of Directors through the vesting date, and will settle in shares of Common Stock on a one-for-one basis within 30 days of vesting.

/s/ Lisa Kamibayashi as

Attorney-In-Fact for Allen

Bruce Uyeda

\*\* Signature of Reporting Person Date

04/26/2024

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.