SEC Form 4	
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(p).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							

0.5

hours per response:

for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.					
1. Name and Address of Reporting Perso <u>Freas Tertia M.</u>	on [*]	2. Issuer Name and Ticker or Trading Symbol <u>FIRST HAWAIIAN, INC.</u> [FHB]		tionship of Reporting Pers all applicable) Director	10% Owner
(Last) (First) C/O FIRST HAWAIIAN, INC. 999 BISHOP STREET, 8TH FLO	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024		Officer (give title below)	Other (specify below)
999 BISHOP STREET, 8TH FLO		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing	(Check Applicable
(Street) HONOLULU HI	96813			Form filed by One Repor Form filed by More than Person	0
(City) (State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		Disposed Of	Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	10/15/2024		Α		1,506 ⁽¹⁾	Α	\$ <mark>0</mark>	1,506	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.g., pi	115, 66	ans, v	varie	ants,	options, t	,onvenub	ie se	cunties	·)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Deriv	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents restricted stock units that will vest on the earlier of (a) October 15, 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.

<u>/s/ Lisa Kamibayashi as</u> <u>Attorney-In-Fact for Tertia M.</u> <u>10/16/2024</u> <u>Freas</u>

** 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.