FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

| | Form 4 or Form 5 y continue. <i>See</i> l. | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | hours per resp | 0 | |
|---------------------------------|--|------------------|--|---|----------------|-----------------------|--|
| 1. Name and Addr Moffatt Jim | ess of Reporting Pers | son [*] | 2. Issuer Name and Ticker or Trading Symbol <u>FIRST HAWAIIAN, INC.</u> [FHB] | 5. Relationship of (Check all applica X Director | ble) | 10% Owner | |
| | (First) WAIIAN, INC. TREET, 8TH FL(| (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2023 | · Officer (<u>c</u> below) | | Other (specify below) | |
| (Street) HONOLULU | HI | 96813 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | | Person | , | , • 5 | |

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) | Date, Transac Code (In | | 4. Securities Acquir Disposed Of (D) (Ins 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 | 04/26/2023 | | Α | | 3,713(1) | A | \$ <mark>0</mark> | 8,085 | 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) | 2. Conversion or Exercise Price of Derivative Security | ersion of ative dive | | vative rities lired r osed) r. 3, 4 | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) April 26, 2024, (b) the date of First Hawaiian, Inc.'s 2024 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> | |
|------------------------------------|------------|
| Attorney-In-Fact for Jim | 04/28/2023 |
| Moffatt | |
| tt Oissacture of Descertise Descer | Data |

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.