Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vacinington,	D.O.	_00.0

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	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* Thompson Kelly Ann					2. Issuer Name and Ticker or Trading Symbol FIRST HAWAIIAN, INC. [FHB]							(Che	telationship eck all app X Direct	,					
(Last)	(Fi	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024								Office below	er (give title		Other (s	pecify	
C/O FIRST HAWAIIAN, INC. 999 BISHOP STREET					4. If <i>I</i>							Line	Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person						
(Street)	ULU HI	9	6813			Form filed by More than One Reporting Person									orting				
(City)	(St		Zip)	D. I.		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 - Noi	n-Deriva	itive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eticia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution if any		cution y	ition Date,		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 and	Benefic	ies ially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			msu. 4)
Common	Stock			04/24/	2024				A		3,151 ⁽¹⁾ A		\$ <mark>0</mark>	0 11,236		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	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	Transaction Code (Instr. 8) 8) Code (Instr. 6) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		nstr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O F D oi (!)	0. Iwnership orm: Irect (D) r Indirect) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
							Date Exercis	able	Expiration of		Amo or Num of Sha								

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 Kelly

Ann Thompson

** 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.