Rose Crystal Form 4 February 03, 2009

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

burden hours per response...

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Rose Crystal | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---------------------------------------------------------|---------|----------|----------------------------------------------------|---------------------------------------------------------|--|--|--|
| | | | CENTRAL PACIFIC FINANCIAL CORP [CPF] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X Director 10% Owner Officer (give title Other (specify | | | |

220 SOUTH KING STREET

(Street)

4. If Amendment, Date Original

02/03/2009

6. Individual or Joint/Group Filing(Check

below)

below)

| | Filed(Month/Day/Year) | Applicable Line) |
|--------------------|-----------------------|---------------------------------------------|
| | | _X_ Form filed by One Reporting Person |
| HONOLULU, HI 96813 | | Form filed by More than One Reportin Person |

| (City) | (State) | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially | | | | | eficially Owned | | |
|--------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/03/2009 | | Code V | Amount 300 | (D) | Price \$ 7.2 | 4,752 | I | Cpf Directors Deferred Compensation Plan |
| Common Stock | | | | | | | 1,763 | D | |
| Common Stock | | | | | | | 2,000 | I | Crystal K Rose, Ttee Crystal K Rose Aal Alc Mppp |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|------------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amount of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underlying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. 3 and | 4) | Own |
| | Security | | | | Acquired | | | | | Follo |
| | | | | | (A) or | | | | | Repo |
| | | | | | Disposed | | | | | Trans |
| | | | | | of (D) | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | Amoi | | |
| | | | | | | | | | uiit | |
| | | | | | | Date | Expiration | Of Title Numb | h.a.u | |
| | | | | | | Exercisable | Date | Title Numl | ber | |
| | | | | C-J- V | (A) (D) | | | of | | |
| | | | | Coue v | (A) (D) | | | Share | es | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Rose Crystal 220 SOUTH KING STREET X HONOLULU, HI 96813

Signatures

/s/ Dean K. Hirata, attorney-in-fact

02/03/2009

**Signature of Reporting Person

Date

Explanation of Responses:

- 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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