#### MATSUMOTO COLBERT M

Form 4

March 10, 2010

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

burden hours per response...

5. Relationship of Reporting Person(s) to

Issuer

Estimated average

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

CENTRAL PACIFIC FINANCIAL

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

MATSUMOTO COLBERT M

			CORP [CPF]			(1	(Check all applicable)					
(Last) (First) (Middle) 220 SOUTH KING STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/10/2010					X Director 10% Owner Officer (give title Other (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								eficially Owned			
1.Title of Security (Instr. 3) Common Stock	2. Transaction Date (Month/Day/Year)  03/10/2010	2A. Deemed Execution I any (Month/Day	Date, if	Code (Instr. 8)	4. Securion(A) or E (D) (Instr. 3)	(A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 5,550	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock								10,368	I	Cpf Directors Deferred Compensation Plan		
Common Stock								10,000	I	Island Insurance Foundation (1)		
Common Stock								6,000	I	Joint With Spouse		

### Edgar Filing: MATSUMOTO COLBERT M - Form 4

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

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 control number.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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 Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	tion Date, if TransactionNumber Expiration Date		ate	Amou	int of	Derivative	J	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities		(Instr.	3 and 4)		(	
	Security				Acquired						J
					(A) or						]
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	ration Title Num	Or Number		
						Exercisable	Date				
				Code V	(A) (D)						
				Code v	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MATSUMOTO COLBERT M							

X

220 SOUTH KING STREET HONOLULU, HI 96813

# **Signatures**

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

03/10/2010 Date

\*\*Signature of Reporting Person

### **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).
- (1) Mr. Matsumoto is President and a Director of Island Insurance Foundation.

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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