## Edgar Filing: Territorial Bancorp Inc. - Form 4

| Territorial Ba  | ancorp Inc.   |   |                      |                    |      |                        |  |  |  |  |                         |
|---|---|---|----------------------|--------------------|------|------------------------|--|--|--|--|-------------------------|
| Form 4  |   |   |                      |                    |      |                        |  |  |  |  |                         |
| July 14, 2009   | )   |   |                      |                    |      |                        |  |  |  |  |                         |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION |   |   |                      |                    |      |                        |  |  | PPROVAL  |  |                         |
|   | Washington, D.C. 20549  |   |                      |                    |      |                        | COMMISSION                                       | OMB<br>Number:                             | 3235-0287  |  |                         |
| Check thi   |   |   |                      |                    |      |                        | Expires:   | January 31,<br>2005                        |  |  |                         |
| subject to  | if no longer<br>subject to<br>Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |   |                      |                    |      |                        | Estimated average<br>burden hours per            |  |  |  |                         |
| Form 4 or   | r   |   |                      |                    |      |                        |  |  |  | response 0.5                           |                         |
| Form 5<br>obligatior                                    | <b>1</b> 0  |   |                      |                    |      |                        |  | •  | e Act of 1934,   |  |                         |
| may conti   |   |   |                      | •                  |      | · ·                    |  |  | f 1935 or Sectio   | n                                      |                         |
| <i>See</i> Instru<br>1(b).                              | iction  | 30(h)   | of the In            | vestme             | nt ( | Company                | ' Act  | of 194                                     | 40   |  |                         |
| (Print or Type R  | Responses)  |   |                      |                    |      |                        |  |  |  |  |                         |
| 1. Name and A<br>Cox Karen J                            | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol   |   |                      |                    |      |                        | 5. Relationship of Reporting Person(s) to Issuer |  |  |  |                         |
|   | Territorial Bancorp Inc. [TBNK]   |   |                      |                    |      |                        | (Check all applicable)                           |  |  |  |                         |
| (Last)  | (First)   |   |                      |                    |      |                        |  |  |  |  |                         |
| 1132 BISHC<br>2200                                      | OP STREET, S  | UITE  | (Month/D<br>07/10/20 |                    | )    |                        |  |  | Director<br>X Officer (give<br>below)                                |  | o Owner<br>er (specify  |
|   | (Street)  |   | 4. If Ame            | ndment.            | Date | e Original             |  |  | 6. Individual or Jo  | oint/Group Filin                       | 1g(Check                |
|   | Filed(Mon   |   |                      | 0                  |      |                        | Applicable Line)                                 |  |  |  |                         |
| HONOLUL   | U, HI 96813   |   |                      |                    |      |                        |  |  | _X_ Form filed by 0<br>Form filed by M<br>Person                     |  |                         |
| (City)  | (State)   | (Zip)   |                      | <b>.</b>           | D    | • • • •                | •  |  |  |  |                         |
| (eng)   | (Blate)   | (24P)   | Table                |                    | I-De | erivative S            | ecurit   | ies Acq                                    | uired, Disposed of   | f, or Beneficial                       | ly Owned                |
| 1.Title of<br>Security<br>(Instr. 3)                    | 2. Transaction D<br>(Month/Day/Yea  | amed 3. 4. Securities Acquired<br>on Date, if Transaction(A) or Disposed of<br>Code (D) |                      |                    |      |                        |  | 5. Amount of<br>Securities<br>Beneficially | 6. Ownership<br>Form: Direct<br>(D) or                               | 7. Nature of<br>Indirect<br>Beneficial |                         |
|   |   | (Month/   | Day/Year)            | (Instr. 3)<br>Code | ,    | (Instr. 3, 4<br>Amount | (A)<br>or<br>(D)                                 | 5)<br>Price                                | Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Indirect (I)<br>(Instr. 4)             | Ownership<br>(Instr. 4) |
| Common  | 07/10/2000  |   |                      |                    | •    |                        |  |  | 10.000   | T                                      | D 40141                 |
| Stock   | 07/10/2009  |   |                      | Ι                  |      | 12,233                 | А  | \$ 10                                      | 12,233   | Ι                                      | By 401(k)               |

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.

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

| 1. Title<br>Derivat<br>Securit<br>(Instr. 3 | tive Conv<br>y or Ex<br>3) Price | version (<br>exercise<br>e of<br>ivative | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, | Number Expiration Date<br>of (Month/Day/Year)<br>Derivative<br>Securities<br>Acquired<br>A) or<br>Disposed |                    | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|----------------------------------|--|---|---|--|--|--|--------------------|-------|--|---|--|
|   |                                  |  |   |   | Code V                                 | 4, and 5)  | Date<br>Exercisable  | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |            |         |       |  |  |  |  |
|---|---------------|------------|---------|-------|--|--|--|--|
| I. S.                             | Director      | 10% Owner  | Officer | Other |  |  |  |  |
| Cox Karen J<br>1132 BISHOP STREET<br>SUITE 2200<br>HONOLULU, HI 96813 |               |            | SVP     |       |  |  |  |  |
| Signatures  |               |            |         |       |  |  |  |  |
| /s/ Edward A. Quint, Pursuant<br>Attorney                             | of            | 07/13/2009 |         |       |  |  |  |  |
| <u>**</u> Signature of Reporting P                                    | 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.