FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasinington, | D.C. | 20040 | |
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| OMB APPRO | JVAL |
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| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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* DOANE W ALLEN JR | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXANDER & BALDWIN INC [AXB] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|---|----------------|-------------------|------------------|---|---|---------------|--|--------------------|--|--------------------|--|--|--------------|--|--|---------------------|---|---|
| DUAIN | <u>r vv All</u> | TIN JK | | | | | | | | | | | | X | Director | | | 10% Ow | ner |
| (Last) 822 BISI | (F HOP STRE | First) ET | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2009 | | | | | | X | Chairman & CEO | | | | | | |
| (Street) | ULU H | II | 96813 | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (5 | State) | (Zip) | | | Person | | | | | | | | | | | | | |
| | | Ta | able I - No | n-Der | ivati | ve S | ecuritie | s Ac | quired, | Dis | posed o | f, or Ber | nefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a) | | | | nd 5) Securities Beneficially Owned Following | | | Direct In ndirect Be r. 4) O | Nature of direct eneficial wnership | | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | ıstr. 4) |
| Common | Stock | | | 01/2 | 28/20 | 09 | | | A ⁽¹⁾ | | 37,500 |) A | | \$0 | 286,8 | 313 | | l L | y evocable iving rust |
| Common | Stock | | | 01/2 | 28/20 | 09 | | | D | | 7,771 | D | | \$0 | 279,0 |)42 | | l L | y evocable iving rust |
| Common | Stock | | | | | | | | | | | | | | 47,0 | 75 |] | D | |
| | | | Table II - | | | | | | | | osed of, | | | | wned | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | ` ` ' | puts 4 | o, cai | | _ | • | | | 1 | | _ | 8. Price of | 0 Numbe | or of | 10. | 11. Nature |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | | e Execution Date, | | Code (Instr. | | Derivative Ex | | Expiration | . Date Exercisal xpiration Date Month/Day/Year | | 7. Title and Ai of Securities Underlying Derivative Se (Instr. 3 and 4 | | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership ct (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amo or Num of Si | | | Transacti (Instr. 4) | ion(s) | | |
| Stock | \$23.33 | 01/28/2009 | | | A | | 159,439 | | 01/28/2010 |)(2) | 01/27/2019 | Common | 159 | ,439 | \$0 | 159,4 | 39 | D | |

Explanation of Responses:

- $1.\ Restricted\ stock\ units\ is sued\ under\ the\ Issuer's\ 2007\ Incentive\ Compensation\ Plan.$
- 2. The option vests in three equal annual installments beginning a year from the transaction date.

Remarks:

W. Allen Doane 01/29/2009

** Signature of Reporting Person Dat

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.