Edgar Filing: CARNIVAL CORP - Form 4

CARNIVAL	CORP										
Form 4											
January 14, 2	2015										
FORM	14	GEOUD						OMB APPROVAL			
	UNITEL) STATES		shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box				0 /					Expires:	January 31, 2005 average	
if no long subject to		MENT O	F CHAN	GES IN BENEFICIAL OWNER				NERSHIP OF	•		
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or Form 5	Form 4 or								response 0.5		
obligation	na *							ge Act of 1934,			
may cont <i>See</i> Instru 1(b).	inue. Section 17			vestment	•	- ·		f 1935 or Section 40	n		
(Print or Type F	Responses)										
PEREZ ARNALDO Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL]				5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner			
CARNIVAI	CORPORATI	ION, 3655		-				X Officer (give	title Othe	er (specify	
NW 87TH A	AVE							below) General (below) Counsel & Secre	etarv	
	(Street)		4 If Ama	ndment, Da	te Original					-	
				ith/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)			
MIAMI, FL	33178		× ×					_X_ Form filed by C	One Reporting Pe fore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deeme (Month/Day/Year) Execution any (Month/Da		on Date, if			sposed of 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/12/2015			A <u>(1)</u>	10,369 (2)	A A	\$ 0	73,847.5042 (3)	D		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PEREZ ARNALDO CARNIVAL CORPORATION 3655 NW 87TH AVE MIAMI, FL 33178			General Counsel & Secretary					
Signatures								
/s/ Arnaldo Perez 01/2	14/2015							

**Signature of

Date

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) Grant of restricted stock made pursuant to the Carnival Corporation 2011 Stock Plan. The restriction on the shares lapse on the third anniversary of the grant date.

The grant was approved by the Compensation Committee as a total value to be received in the form of restricted shares. The

- (2) Compensation Committee also approved that the number of shares was to be determined by dividing the value by the closing price on date of grant.
- (3) Includes shares acquired pursuant to the purchase under, or the dividend reinvestment feature of, the reporting person's brokerage account or the Carnival Corporation Employee Stock Purchase Plan.

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.