Edgar Filing: CARNIVAL CORP - Form 4

CADNINIAL CODE

| Form 4 | | | | | | | | | | | |
|---|---|--|---|------------------------|---|----------------|--|---|------------------------|--|--|
| April 21, 201 | | | | | | | | OMB APPROVAL | | | |
| FORM | UNITEDS | | D EXCHANGE COMMISSION C. 20549 | | | OMB Number: | 3235-0287 | | | | |
| Check this if no long subject to Section 10 Form 4 or | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C SECURITIES | | | | | | Expires:January 31, 2005Estimated averageburden hours per response0.5 | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a | uant to Section 1) of the Public U 30(h) of the In | tility Hold | ling Con | ipany | Acto | of 1935 or Section | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Ad PARKER SI | r Name and Ticker or Trading VAL CORP [CCL] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Last) C/O CARNI CORPORAT AVENUE | Earliest Transaction ay/Year))14 | | | | X_Director10% Owner Officer (give titleOther (specify below)below) | | | | | | |
| | (Street) | (Street) 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 | | | | |
| MIAMI, FL | 33178 | | | | | | Form filed by M Person | | | | |
| (City) | (State) (2 | Zip) Tab | le I - Non-D | erivative s | Securi | ties Ac | quired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if any | Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | | SecuritiesIBeneficially(OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Stock | 04/17/2014 | | Code V $A^{(1)}$ | Amount 3,215 (2) | (D) A | Price \$ 0 | 32 332 1615 | 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, | | | 7. Title Amoun Underl Securit (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

 Reporting Owner Name / Address
 Relationship

 Director
 10% Owner
 Officer
 Other

 PARKER SIR JOHN
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<u>**</u>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) Issued pursuant to the Carnival Corporation 2011 Stock Plan. The restriction on the shares lapses on the third anniversary of the grant date.

The Board of Directors approved a value of \$120,000 to be awarded to the reporting person in the form of restricted shares. The number(2) of shares was determined by dividing the closing price of a share of Carnival Corporation common stock on April 17, 2014 and dividing it into \$120,000, then rounding down to the nearest whole share.

(3) Includes shares acquired pursuant to the dividend reinvestment feature of the reporting person's brokerage account.

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.