### Edgar Filing: CARNIVAL CORP - Form 4

CADNINIAL CODE

Form 4										
April 21, 2014							OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	box T STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 2005 Estimated average burden hours per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a		Utility Hole	ding Con	npany	Act o	ge Act of 1934, of 1935 or Sectio 940			
(Print or Type R	Responses)									
SUBOTNICK STUART Sym			2. Issuer Name <b>and</b> Ticker or Trading Symbol CARNIVAL CORP [CCL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O METRO COMPANY 29TH FLOO	OMEDIA , 810 7TH AVEN	(Montl 04/17	of Earliest Tr /Day/Year) /2014	ransaction			X Director Officer (give below)	10%	9 Owner er (specify	
	(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			
NEW YORK	K, NY 10019						Form filed by M Person			
(City)	(State) (A	Zip) Ta	ble I - Non-I	Derivative	Secur	ities Ac	equired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securi ionAcquirec Disposec (Instr. 3,	l (A) of l of (D 4 and (A) or	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	04/17/2014		A <u>(1)</u>	3,215 (2)	A	\$ 0	32,915.5031 (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. Transactio Code (Instr. 8)	<ul> <li>5. 6. Date Exercises</li> <li>6. Date Exercises</li> <li>6. Date Exercises</li> <li>6. Date Exercises</li> <li>7. (Month/Day/Y)</li> <li>7. Derivative</li> <li>7. Securities</li> <li>7. Acquired</li> <li>7. (A) or</li> <li>7. Disposed</li> <li>7. (D)</li> </ul>		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				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			
SUBOTNICK STUART C/O METROMEDIA CO 810 7TH AVENUE, 29TH NEW YORK, NY 10019	X							
Signatures								
/s/ Stuart Subotnick	04/21/20	14						
<u>**</u> Signature of	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) 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.