SEC Form 4	
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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person <sup>*</sup> ARISON MICKY MEIR			2. Issuer Name and Ticker or Trading Symbol <u>CARNIVAL CORP</u> [ CCL ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner
(Last) 3655 N.W. 87	st) (First) (Middle) 55 N.W. 87 AVENUE		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2004	X Officer (give title Other (specify below) below) Chairman and CEO
(Street) MIAMI (City)	FL (State)	33178-2428 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock								2,162,187	I(1)	By MA 1997 Holdings, L.P.
Common Stock								106,114,284	[(1)	By MA 1994 B Shares, L.P.
Common Stock	05/05/2004		S		25,000 <sup>(2)</sup>	D	\$43.25	9,161,293	<b>I</b> (1)	By The 1997 Irrevocable Trust for Micky Arison

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature Derivative Conversion Execution Date Transaction Expiration Date Amount of Derivative derivative Ownership of Indirect (Month/Day/Year) Derivative Security (Instr. 3) or Exercise (Month/Dav/Year) if anv Code (Instr. Securities Security Securities Form: Beneficial Direct (D) Price of (Month/Day/Year) 8) Securities Underlying (Instr. 5) Beneficially Ownership Derivative Acquired Derivative or Indirect (I) (Instr. 4) (Instr. 4) Owned Security (A) or Security (Instr. 3 Following Disposed and 4) Reported of (D) (Instr. 3, 4 Transaction(s) (Instr. 4) and 5) Amount o Number Expiration Date of Code v (A) (D) Exercisable Date Title Shares

Explanation of Responses:

1. The reporting person may be deemed a member of a Section 13(d) group that owns more than 10% of the Common Stock of Carnival Corporation. However, the reporting person disclaims such group membership, and this report shall not be deemed an admission that the reporting person is a member of a Section 13(d) group that owns more than 10% of the Common Stock of Carnival Corporation for purposes of Section 16 or for any other purpose.

2. The shares covered by this form were sold pursuant to a Rule 10b5-1(c) sales plan dated August 28, 2003.

#### /s/ Micky M. Arison

05/07/2004

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.