FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol CARNIVAL CORP [ CCL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>KRUSI</u>	<u>E STEIN</u>					11(1	11 1/11	<u> </u>	<u> </u>	LCL	J				D	irector		10%	Owner
					-	) oto	of Farling	t Trono	aatian (A	Aonth	/Day (Maar)			_		Officer (givelow)	ve title	Othe belov	(specify
(Last)	(Fi	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								(	CEO H	olland	America Gre	מווח	
CARNIVAL CORPORATION					01/12/2015									CEO, Holland America Group					
3655 NW	/ 87TH AV	F																	
JUJJ INVV U/ III AVE				4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
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(Street)															X F	orm filed	by One	Reporting Per	son
MIAMI	FL		33178														•	e than One Re	
					-											Person	i by wiore	e than One ite	porting
(City)	(St	ate) (	(Zip)																
		Tab	le I - No	n-Deri\	<i>l</i> ative	Se	curitie	s Acc	quired	, Dis	posed o	of, o	r Ben	efici	ally Ov	vned			
1. Title of S	Security (Inst	r. 3)		2. Transa	action	tion 2A. Deemed 3. 4. Securities Acquired (A)										6. Ownership	7. Nature		
	,,,	,		Date	>===/\/==	Execution Date,		Date,				Of (E	D) (Instr.	3, 4 an		urities		Form: Direct (D) or Indirect	of Indirect Beneficial
(Month				(MONUNE			if any (Month/Day/Year)		Code (Instr.   5)					Ow			(I) (Instr. 4)	Ownership	
												(A) or			l Tra	Reported Transaction(s)			(Instr. 4)
									Code	٧	Amount		(D)	Price	(Ins	str. 3 and	4)		
Common Stock 01/12/2				2/2015	2015			A <sup>(1)</sup>		21,602	(2)	A	\$(	112,345.4224 <sup>(3)</sup>		D			
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		10									onvertib				y Own	eu			
	1			· • · ·		ans	<del>_</del>		•			_			1	-			1
1. Title of Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deem		Date, Transact Code (In		5. Number						7. Title and Amount of Securities		8. Price Derivati		umber of vative	Ownership Form:	11. Nature of Indirect Beneficial
Security			if any	·			. Deriv	Derivative		(Month/Day/Year)					Security	Secu	Securities		
(Instr. 3) Price of Derivative (Month/Da			ay/Year)	8)	3)		Securities Acquired					Underlying Derivative		(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
Security								(A) or					Security (Instr.			Follo	Following Reported Transaction(s)	(I) (Instr. 4)	
						Disposed of (D) (Instr. 3, 4		ar			and	d 4)				6)			
															(Inst		<sup>3)</sup>		
						and 5)													
														ount					
											Expiration		or	mber					
									Date			L	of	f					
	I	I	1		Code	ΙV	(A)	loo l	Exercisa	able l	Date	Titl	le   Sha	ares		- 1		1	1

## **Explanation of Responses:**

- 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.
- 2. The grant was approved by the Compensation Committee as a total value to be received in the form of restricted shares. The 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 Carnival Corporation Employee Stock Purchase Plan.

<u>/s/ Stein Kruse</u> <u>01/14/2015</u>

\*\* Signature of Reporting Person Date

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.