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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* TED ARISON 1992 IRREVOCABLE TRUST FOR LIN NO 2						2. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL]									neck all a Di Of	ship of Reportir applicable) rector ficer (give title low)		Owner (specify
(Last) (First) (Middle) C/O COUTTS JERSEY LTD 23-25 BROAD ST						3. Date of Earliest Transaction (Month/Day/Year) 03/17/2004										See footn	ote 1 below	
(Street) ST. HELIER CHANNEL D9 00000 ISLANDS					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person									e Reporting Per	son		
(City)	(S	tate)	(Zip)															
		Tal	ole I - No	n-Deriva	ative	Se	curiti	es Ac	quired	, Dis	posed o	f, o	Ben	eficia	lly Ow	ned	4	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Code	Transaction Dis Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			or 5. Amount of 4 and Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	Trai	nsaction(s) tr. 3 and 4)		(11301.4)
Common Stock 03/17/						2004			S		2,000(2)		D	\$42.	38 4	4,469,330	D ⁽¹⁾	
Common Stock 03/17/					2004				S		1,000(2)		D	\$42.	39 4	4,468,330	D ⁽¹⁾	
Common Stock 03/17					2004				S		500 ⁽²⁾		D	\$42	9 4	4,467,830	D ⁽¹⁾	
Common Stock 03/3					7/2004				S		1,500(2)		D	\$42.91 44		4,466,330	D ⁽¹⁾	
Common Stock 03/17/2					2004						2,000(2)		D	\$42.	92 4	4,464,330	D ⁽¹⁾	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative rity or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8			4. Transa Code (B)	Instr		6. Date Expirati (Month/	on Dat		Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		ount nber	8. Price c Derivativ Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

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 are being sold pursuant to a Rule 10b5-1(c) sales plan dated August 28, 2003.

/s/ John J. O'Neil, Authorized

03/18/2004 Signatory, JJO Delaware, Inc.,

Trustee

/s/ John J. O'Neil, Authorized

Signatory, JMD Delaware, Inc., 03/18/2004

Trustee

** 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.