FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028

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

1. Name and Address of Reporting Person* ARISON MICKY MEIR														Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) 3655 N.W. 87 AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 06/10/2004									X Officer (give title below) Chairman and CEO					
(Street) MIAMI FL 33178-2428					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reportin												son		
(City) (State) (Zip)															Pers				70. tig	
		Tabl	le I - N	on-Deriv	ative	_		_	quire	d, Di	isposed o			iall	y Owne	ed				
1. Title of Security (Instr. 3)			2. Transacti Date (Month/Day		Execution Date,		ate,	3. Transaction Code (Instr. 8)		5)			and Securities Beneficially Owned Follow Reported		s ally ollowing I	Form:	Direct Indirect Itstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	(A) or (D)	Price		(Instr. 3 a					
Common	Stock														2,16	2,187]	I ⁽¹⁾	By MA 1997 Holdings, L.P.	
Common	Stock														106,1	14,284]	I ⁽¹⁾	By MA 1994 B Shares, L.P.	
Common	Stock			06/10/20	004				S		21,400 ⁽²⁾	D	\$43	3.3	8,13	8,293]	I ⁽¹⁾	By The 1997 Irrevocable Trust for Micky Arison	
Common	Stock			06/10/20	004				S		4,100(2)	D	\$43.	.45	8,134	4,193]	I ⁽¹⁾	By The 1997 Irrevocable Trust for Micky Arison	
Common Stock				06/10/2004					S		1,900(2)	D	\$43.	.49	8,13	2,293]	I(1)	By The 1997 Irrevocable Trust for Micky Arison	
Common Stock 06/10				06/10/20	004	004			S		2,600(2)	D	\$43	\$43.5		29,693		I ⁽¹⁾	By The 1997 Irrevocable Trust for Micky Arison	
		Та	able II -								oosed of, o				Owned					
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. Transa Code (I 8)	ction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			e Exer	cisable and ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of 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

06/15/2004

** 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.