FORM 4

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

OMB APPROVAL 3235-0287 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*  MATHEW SARA					2. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [ CCL ]								(Ch	eck all app X Direc	tionship of Reporting all applicable) Director		rson(s) to Is	wner		
(Last)	(Fir	st) (N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024									Office below	er (give title /)		Other (s below)	specify	
C/O CARNIVAL CORPORATION				4. If A	If Amendment, Date of Original Filed (Month/Day/Year)							6. lı	6. Individual or Joint/Group Filing (Check Applicable							
3655 N.W. 87TH AVENUE					, , , ,								Line)  X Form filed by One Reporting Person							
(Street)	FL	. 3	3178											Form filed by More than One Reporting Person						
					Rul	Rule 10b5-1(c) Transaction Indication														
(City)	(Sta	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								t to a co	a contract, instruction or written plan that is intended to istruction 10.						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or l	Bene	eficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execu ay/Year) if any		Deemed cution Date, ly nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3,			Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 04/08.				04/08/2	/2024				A <sup>(1)</sup> 12		12,141(2	2,141 <sup>(2)</sup> A		\$ <mark>0</mark>	37,943			D		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Transaction					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of							

## **Explanation of Responses:**

- 1. Grant of restricted shares made pursuant to the Carnival Corporation 2020 Stock Plan. The restriction on the shares lapses in April 2027.
- 2. The Boards of Directors approved a value of \$195,000 to be granted to the reporting person in the form of restricted shares. The number of restricted shares was determined by dividing the grant value by the average of the closing prices of a share of Carnival Corporation common stock over a 10-business day period ending on the date of grant, then rounding down to the nearest whole share.

/s/ Sara Mathew

04/1<u>0/2024</u>

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.