FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

l	OMB APPROVAL												
	OMB Number:	3235-0287											
l	Estimated average burden												
l	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* ARISON MICKY MEIR						2. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					-									X Director X Officer (X e	Other	(specify	
(Last) (First) (Middle) C/O PAUL WEISS RIFKIND WHARTON 1285 AVENUE OF THE AMERICAS 2ND FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 10/13/2003								Chairman and CEO					
					_ 4.	. If Am	nendment,	Date o	f Origina	l Filed	(Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YORK NY 10019-6064					X Form filed by One Reporting Pe											•			
(City)	(City) (State) (Zip)													Person					
		Ta	able I - No	n-Der	ivati	ve S	ecuritie	s Ac	quired	, Dis	posed o	f, or Bei	neficial	ly Owned					
1			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					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 (Instr. 3 and				(Instr. 4)		
Common Stock, par value \$0.01 per share														16,360,	16,360,478		I ;	By The 1997 Irrevocable Trust for Micky Arison	
Common Stock, par value \$0.01 per share													6,102,	187]	[.	By MA 1997 Holdings, L.P.		
Common Stock, par value \$0.01 per share													106,114	,284]	[By MA 1994 B Shares, L.P.		
			Table II -								osed of,		-	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 D if any (Month/Day)	d 4 Date, T	4. Transaction Code (Instr.		5. Number of 6 Derivative E		6. Date E Expiratio (Month/D	xercis	able and	7. Title an of Securit Underlyin Derivative (Instr. 3 an	d Amount ties g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securi Benefi Owned Follow Report	tive ties cially I ing ted	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
				C	Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Share	unt (Insti	Transa (Instr. 4	action(s) 4)			
Stock Options - Right to	\$34.45	10/13/2003			A		120,000		10/13/200)4 ⁽²⁾	10/13/2013	Common Stock, par value \$0.01 per	120,00	0 \$0	120),000	D		

Explanation of Responses:

- 1. Represents stock options granted under the Carnival Corporation 2002 Stock Plan.
- 2. The options become exercisable ratably over five years, beginning on the first anniversary of the grant date, October 13, 2003.

Remarks:

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.

Micky M. Arison

10/15/2003

** 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.