FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP
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OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per respons	e 0.5										

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* SUBOTNICK STUART						Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL] Date of Earliest Transaction (Month/Day/Year)									eck all app X Direct	ionship of Reporting Po all applicable) Director		10% Owner		
(Last)	(Fir	st) (N	/liddle)			18/202		rans	action (i	Month	/Day/Year)				Office	r (give title		Other (s below)	pecify	
C/O CARNIVAL CORPORATION					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
3655 N.W. 87TH AVENUE														Line	X Form filed by One Reporting Person					
(Street) MIAMI FL 33178														Form filed by More than One Reporting Person						
						Rule 10b5-1(c) Transaction Indication														
(City)	(Sta	ate) (Z	<u>Z</u> ip)		Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I															
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed Co		es Acquired (A) o Of (D) (Instr. 3, 4		A) or 3, 4 and	Benefic	es ially Following	6. Own Form: (D) or I (I) (Inst	Direct of Indirect of Itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) (D)	or	Price	Transac	action(s) 3 and 4)				
Common Stock 04/08/2					2024			A ⁽¹⁾		12,141(2)) [A	\$ <mark>0</mark>	114,2	114,208.2727)			
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivativ		vative prities pired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		estr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						

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/ Stuart Subotnick

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