FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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* PEREZ ARNALDO						2. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL]								(Check all app		olicable)		Owner
(Last) (First) (Middle) CARNIVAL CORPORATION 3655 NW 87TH AVE						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019								X	belov	w) ``	e Other (specify below)	
(Street) MIAMI FL 33178					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate)	(Zip)															
			le I - N					s Ac		ed, D	isposed o	-		cially				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Date,					es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities 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(s) (Instr. 3 and 4)		,,,	(Instr. 4)	
Common Stock 02/1			02/15/20	019				A ⁽¹⁾		14,359(2)	A	\$	0	43,7	23.5862	D		
Common Stock 02/15			02/15/20	19			S ⁽³⁾		5,691	D	\$57.	0837	38,0	32.5862	D			
Common Stock														1	1,306	I	The Arnaldo Perez Trust U/A/D 3/18/2014	
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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Nu of Execution Date, if any (Month/Day/Year) (A) or Derivative Security				ative rities ired osed	Expir	te Exer ation C th/Day/			it of ies ying iive	8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Vesting of performance-based restricted stock units ("PBS RSUs") granted on April 13, 2016 pursuant to the Carnival Corporation 2011 Stock Plan. Each PBS RSU represents one share of Carnival Corporation common stock.
- 2. The reporting person was eligible to earn from 0-200% of the stated target amount of PBS RSUs to the extent that Carnival Corporation & plc's annual operating income, as adjusted for certain fuel price changes and currency exchange rate impact for each of the three fiscal years in the 2016-2018 performance cycle and return on invested capital at the end of the three year performance cycle exceed specified performance goals, as modified at the end of the three year performance cycle for Carnival Corporation & plc's total shareholder return rank relative to peers. This includes shares from the settlement of dividend equivalents accumulated during the PBS RSU restricted period.
- 3. Represents a sale of shares to satisfy the tax obligation on the release of vested PBS RSUs.

** Signature of Reporting Person Date

02/20/2019

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.