FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| 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  JJO DELAWARE INC | F (I | 2. Date of Event<br>Requiring Staten<br>Month/Day/Year<br>08/21/2003 | nent                     | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  CARNIVAL CORP [ CCL ]                   |   |               |   |                      |  |
|---|------|--|--------------------------|---|---|---------------|---|----------------------|--|
| (Last) (First) (Middle) 1201 NORTH MARKET STREET          |      |  |                          | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner |   | (Mo           | 5. If Amendment, Date of Original Filed (Month/Day/Year)  |                      |  |
| (Street) WILMINGSTON DE 19899-1347 (City) (State) (Zip)   |      |  |                          | Officer (give title below)  See footnote 1 be   | Other (spe-<br>below)<br>elow                                     | App           | 6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |                      |  |
|   | Т    | able I - Non   | -Derivati                | ve Securities Beneficiall   | y Owned   |               |   |                      |  |
| 1. Title of Security (Instr. 4)                           |      |  |                          |   |   |               | 4. Nature of Indirect Beneficial Ownership (Instr. 5)   |                      |  |
| 1. Title of Security (Instr. 4)                           |      |  |                          | Amount of Securities<br>eneficially Owned (Instr. 4)  | 3. Ownersh<br>Form: Direct<br>or Indirect (<br>(Instr. 5)         | t (D) (Inst   |   | Beneficial Ownership |  |
| Title of Security (Instr. 4)  Common Stock                |      |  |                          |   | Form: Direct (  | et (D) (Insti |   | ·                    |  |
|   | (e.ç |  | Berivative               | eneficially Owned (Instr. 4)  | Form: Direct or Indirect ((Instr. 5)                              | t (D) (Insti  | ·. 5)   | ·                    |  |
|   |      |  | Perivative<br>ls, warran | 0 <sup>(1)</sup> Securities Beneficially  | Form: Direct or Indirect ((Instr. 5)  I(1)  Dwned securities ties | t (D) (Insti  | ·. 5)   | ·                    |  |

## **Explanation of Responses:**

1. The reporting person, as co-trustee of The Ted Arison 1992 Irrevocable Trust for Lin No. 2, The Ted Arison 1994 Irrevocable Trust for Shari No.1 and The Shari Arison Guernsey Trust (the "Arison Trusts"), may be deemed a member of a Section 13(d) group that owns more than 10% of Common Stock of Carnival Corporation. 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 Common Stock of Carnival Corporation for purposes of Section 16 or for any other purpose. The reporting person has no pecuniary interest in the securities held by the Arison Trusts and does not report ownership of such securities.

John J. O'Neil, Sole Shareholder 08/28/2003

\*\* 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 5 (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.