FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	hours nor roomana	. 0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>weinstein joshua ian</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol CARNIVAL CORP [ CCL ]								5. Re (Ched	ck all app Direc	onship of Reporting Per all applicable) Director		10% Ov	vner	
(Last) C/O CAI	(Fir	rst) (M ORPORATION	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/21/2023						X	below	er (give title /)  Presider	nt & (	Other (s below) CEO	sресіту 		
3655 N.W. 87TH AVENUE					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)					··		
(Street) MIAMI	FL	3	3178											X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	juired,	, Dis	posed of	, or E	Benefi	ciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		ate,	Transaction Disposed C		es Acquired (A) Of (D) (Instr. 3,		or I and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				(,		
Common Stock 04/21/2			2023		<b>A</b> <sup>(1)</sup>		159,914 <sup>(2)</sup> A		A	\$ <mark>0</mark>	444,572.228		228 D						
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code ( 8)	Instr.	5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount or Numb of Title Share		unt ber		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. Grant of time vested restricted stock units ("RSUs") made pursuant to the Carnival Corporation 2020 Stock Plan. Each RSU represents a hypothetical interest in one share of Carnival Corporation common stock. The RSUs will vest on a 3-year pro-rata basis in February 2024, 2025 and 2026. The RSUs will accumulate dividend equivalents and may only be settled in shares.
- 2. The grant was approved by the Compensation Committees as a total value to be received in the form of RSUs. The Compensation Committees also approved that the number of RSUs were determined by dividing the grant value by the closing price of a share of Carnival Corporation common stock on date of grant.

/s/ Josh Weinstein 04/25/2023

\*\* 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.