Edgar Filing: Freedman Larry R. - Form 4

| Form 4 | • | | | | | | | | | | |
|--|---|---|--|--------------------|---|---|---|---|--|---|--|
| February 03, 2010 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). KUNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940 | | | | | | NERSHIP OF ge Act of 1934, of 1935 or Sectio | Number: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| (Last) (First) (Middle) | | | Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [CCL] Date of Earliest Transaction (Month/Day/Year) 02/01/2010 | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give titleX Other (specify below) below) Chief Accounting Officer / VP & Controller | | | |
| | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MIAMI, FL | 33178 | | | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) | (State) (Z | Zip) | Table | I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Day | Date, if | Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, Amount | l (A) o l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/01/2010 | | | A <u>(1)</u> | 7,322 | А | \$0 | 21,222 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|------------------------------------|--|---------------------|--------------------|-----------------------|--|---|--|
| | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Freedman Larry R. - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|--------------------------|-----------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Freedman Larry R. CARNIVAL CORPORATION 3655 NW 87TH AVE MIAMI, FL 33178 | | | Chief Accounting Officer | VP & Controller | | | |
| Signatures | | | | | | | |
| /s/Larry R | | | | | | | |

/s/ Larry R Freedman

02/03/2010

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Grant of restricted stock made pursuant to the Carnival Corporation 2002 Stock Plan. The restriction on the shares lapse on the third anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.