FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPRO	OVAL				
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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*  Connors Nelda J		2. Date of Event Requiring Statement (Month/Day/Year) 04/05/2024  3. Issuer Name and Ticker or Trading Symbol CARNIVAL CORP [ CCL ]								
(Last) (First) (Middle) C/O CARNIVAL CORPORATION 3655 N.W. 87TH AVENUE				4. Relationship of Reporting Issuer (Check all applicable)  X Director  Officer (give title below)	g Person(s) to  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting			
(Street) MIAMI (City)	FL (State)	33178 (Zip)	-	ute below)	belowy		A Person Form filed			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			i	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: [		. Nature of Indirect Beneficial ownership (Instr. 5)			
					<del>-</del> /	(l) (Inst	r. 5)			
Common St	tock				0		,			
Common St	tock			erivative		(i) (Insti	ned			
	tock rivative Secur	(e.g.		Derivative Is, warrai	9 Securities Beneficiants, options, converti	(I) (Insti	ned	5. sion Ownership cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

**Explanation of Responses:** 

/s/ Nelda J. Connors

04/10/2024

\*\* Signature of Reporting

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.