SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

<u>cahilly jason glen</u>			Date of Event equiring Staten Month/Day/Year 7/18/2017	nent	3. Issuer Name and Ticker or Trading Symbol <u>CARNIVAL CORP</u> [CCL]						
(Last) C/O CARNIV	(First) AL CORPORA	(Middle) TION				tionship of Reporting Perso all applicable) Director	on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
3655 N.W. 87TH AVENUE						Officer (give title below)	Other (spe below)	ecify	Appli	cable Line)	/Group Filing (Check y One Reporting Person
(Street) MIAMI	FL	33178									y More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Securi Underlying Derivative Securit		4. Conve or Exe Price o	ersion ercise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Deriva	tive	or Indirect (I) (Instr. 5)	
Explanation of R	esponses:										

/s/ Jason G. Cahilly

** Signature of Reporting Person

Date

07/28/2017

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.