Edgar Filing: GLASIER RICHARD - Form 4

| GLASIER RI Form 4 | CHARD | | | | | | | | | | |
|---|---|--|--|---------------------|---|--------------------|---------|--|--|---|--|
| April 13, 201 | 8 | | | | | | | | | | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | PPROVAL 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| GLASIER RICHARD Symbol | | | | Name and /AL COF | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | | 3. Date of Earliest Transaction | | | | | (Che | heck all applicable) | | |
| C/O CARNI CORPORAT AVENUE | VAL TION, 3655 N.W. | | (Month/Da 04/11/20 | - | | | | X Director Officer (give below) | | 6 Owner er (specify | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MIAMI, FL | 33178 | | | | | | | | More than One R | | |
| (City) | (State) (| Zip) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | 4. Securi onAcquirec Disposec (Instr. 3, Amount | l (A) c 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 | 04/11/2018 | | | A <u>(1)</u> | 2,749 (2) | A | \$ 0 | 23,039.869 <u>(3)</u> | 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)

Reporting Owners

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|--|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **GLASIER RICHARD** C/O CARNIVAL CORPORATION Х 3655 N.W. 87TH AVENUE **MIAMI, FL 33178** Signatures /s/ Richard 04/13/2018 Glasier

**Signature of Reporting Person

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Issued pursuant to the Carnival Corporation 2011 Stock Plan. The restriction on the shares lapses on the third anniversary of the grant (1)date.

The Board of Directors approved a value of \$175,000 to be awarded to the reporting person in the form of restricted shares. The number (2) of shares was determined by dividing the closing price of a share of Carnival Corporation common stock on April 11, 2018 and dividing it into \$175,000, then rounding down to the nearest whole share.

(3) Includes shares acquired pursuant to the dividend reinvestment feature of the reporting person's brokerage account.

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.