Edgar Filing: SCHOOR GERALD W - Form 4

SCHOOR GE	ERALD W										
Form 4											
June 20, 2011	l										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITED S		ITIES Al hington, 1			NGE (COMMISSION	OMB Number:	3235-0287		
Check this	s box	V V 4.5	inington,	D.C. 20.	/				January 31,		
if no long	er STATEM	ENT OF CHAN	GES IN F	BENEFI	CIA	LOW	NERSHIP OF	Expires:	es: 2005		
subject to Section 16			SECUR				Estimated average burden hours per				
Form 4 or									response 0.		
Form 5	Filed purs	uant to Section 16	6(a) of the	Securiti	ies Ez	xchang	ge Act of 1934,	•			
obligation may conti) of the Public Ut	ility Hold	ing Com	ipany	Act o	of 1935 or Section	n			
See Instru		30(h) of the Inv	vestment	Compan	y Act	of 19	40				
1(b).											
(Drint or Type P	asponsos)										
(Print or Type R	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of 1							f Reporting Per	rson(s) to			
SCHOOR G	Name and Ticker of Trading				Issuer						
	CARNIVAL INC [SCVL]										
(Last)	(First) (M		Earliest Tra	_		-	(Cheo	ck all applicable	e)		
(Lust)	ay/Year)			_X_Director10% Owner							
7500 E. COI	/2011 mendment, Date Original										
					below) below)						
					6. Individual or Joint/Group Filing(Check						
		Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting Po	erson		
EVANSVIL	LE, IN 47715						Form filed by M	More than One R			
							Person				
(City)	(State) (2	Zip) Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities TransactionAcquired (A) or				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)							Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned		Beneficial Ownership			
		(Wohn Duy Tear)				Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
~			Code V	Amount	(D)	Price	(11150. 5) and 4)				
Common	06/16/2011		A <u>(1)</u>	631	А	\$0	7,036	D			
Stock											
Common							3,000	Ι	by Trust		
Stock							-,		5) 11450		

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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHOOR GERALD W 7500 E. COLUMBIA STREET EVANSVILLE, IN 47715	Х						
Signatures							
By: W. Kerry Jackson For: Gera Schoor	ld W.	06/20/2011					
<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) Restricted Stock Award. Restriction will lapse on 1/2/2012.

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.