### Edgar Filing: CARNIVAL PLC - Form 4

CARNIVAL	PLC											
Form 4												
January 14, 2	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
Check the if no long	is box	Washington, D.C. 20549										
Section 1 Form 4 o	STATEMENT OF CHANGES IN BENEFICIAL OWNER Section 16. Form 4 or						Estimated a burden hour response					
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type I	Responses)											
NOYES DAVID MICHAEL Symbol				r Name <b>and</b> T VAL PLC		rading		5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	Middle		f Earliest Tran				(Checl	(Check all applicable)			
(Mo				Day/Year) 015	saction			Director       10% Owner         Officer (give title       Other (specify below)         below)       below)         CEO - Carnival UK				
				mendment, 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				
(City)	(State)	(Zip)	Tabl	e I - Non-Der	ivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	l (A) c l of (D	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Ordinary Shares	01/12/2015			Code V A(1)(2)	Amount 3,264 (3)	or (D) A	Price \$ 0	(Instr. 3 and 4) 12,358	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)

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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. Transactic 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)		7. Titl Amou Under Secur (Instr.	int 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**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
NOYES DAVID MICHA C/O CARNIVAL CORPO 3655 N.W. 87TH AVENU MIAMI, FL 33178			CEO - Carnival UK						
Signatures									
/s/ David M. Noyes	01/14/20	015							
<u>**</u> Signature of	Date								

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

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## **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) Award made pursuant to the Carnival plc 2014 Employee Share Plan.
- (2) Awards of restricted stock units which represent a hypothetical interest in Carnival plc ordinary shares, which will vest on the third anniversary of the grant date. The restricted stock units will accumulate dividend equivalents and may only be settled in shares.

The grant was approved by the Compensation Committee as a total value to be received in the form of restricted stock units. The (3) Compensation Committee also approved that the number of shares was to be determined by taking the value and dividing by the closing

price of Carnival plc ordinary shares on 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.