Edgar Filing: FOSCHI PIER LUIGI - Form 4

FOSCHI PIE Form 4										
January 17, 2 FORN	4 UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PROVAL 3235-0287
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed pur inue.								January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)									
1. Name and A FOSCHI PI	ddress of Reporting ER LUIGI	Person [*]	Symbol	r Name and T IVAL PLC		ading		5. Relationship of Issuer	Reporting Pers	
(Last) C/O CARN CORPORA AVE		Middle) 87TH		f Earliest Trar Day/Year) 013	nsaction			X Director Officer (give t below)	10%) Owner r (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							Form filed by M Person	ore than One Re	porting
(City)	(State)	(Zip)	Tab	le I - Non-De	rivative Se	curitie	es Acqu	iired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. Transaction Code (Instr. 8) Code V	(A) or Dis (D) (Instr. 3, 4)	sposed	of	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)
Ordinary Shares	01/15/2013			A <u>(1)(2)</u>	28,678 (<u>3)</u>	А	\$0	170,069	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)

Edgar Filing: FOSCHI PIER LUIGI - Form 4
--

1. Titl Deriva Securi (Instr.	ative ity	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	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

 Relationship

 Reporting Owner Name / Address
 Director
 10% Owner
 Officer
 Other

 Director
 10% Owner
 Officer
 Other

 FOSCHI PIER LUIGI C/O CARNIVAL CORPORATION 3655 NW 87TH AVE MIAMI, FL 33178
 X
 X
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 Y
 <

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

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 2005 Employee Share Plan.
- (2) Award of restricted stock units which represents 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 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.