Edgar Filing: KLEEBERGER KENT A - Form 4

-	ER KENT A										
Form 4											
November 2											
FORM	14	а статес	SECUE	ITIES A	ND EV	CUA	NCEC	OMMISSION		OMB APPROVAL	
UNITED STATES SECUR				ATTIES AND EXCHANGE CO Shington, D.C. 20549				UNINIISSIUN	OMB Number:	3235-0287	
Check thi	is box		vv as	sinigton,	D.C. 20	349				January 31,	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	200	
subject to Section 1)			SECURITIES					Estimated average burden hours per		
	Form 4 or								response		
Form 5	•						•	e Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type F	Responses)										
				uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
KLEEDEK	JEK KENT A		Symbol								
SHO				OE CARNIVAL INC [SCVL]				(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tr	ansaction			V D	100	0	
7500 E. COLUMBIA STREET (Month/D 11/21/20			-			X_ Director 10% Owner Officer (give title Other (specify					
			11/21/2	2018				below) below)			
			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line)				
EVANSVILLE, IN 47715								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
LVANSVIL	LL, IN 47713							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	3.4. Securities Acquired				5. Amount of	6. Ownership				
Security (Instr. 3)	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3) any (Month/Da								Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Cala V	A	or	Duites	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common	11/21/2018			S	1,500	D	φ 36.77	14,960	D		
Stock					,		(1)	,			

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)

1. Title c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KLEEBERGER KENT A 7500 E. COLUMBIA STREET EVANSVILLE, IN 47715	Х						
Signatures							
By: W. Kerry Jackson For: Kent Kleeberger		11/21	/2018				
<u>**</u> Signature of Reporting Person		Ι	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).

The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.76 to \$36.80 per share. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and

(1) Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

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.