

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden hours per response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)												
1. Name and Address of Reporting Person * CROWE KEVIN E		2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2013		3. Issuer Name and Ticker or Trading Symbol Norwegian Cruise Line Holdings Ltd. [NCLH]								
(Last) (First) (Middle) 7665 CORPORATE CENTER DRIVE			04/01/2013				Relationship of Reporting Person(s) to Issuer     (Check all applicable)     X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
MIAMI, FL 33126	(Street)					A_Drector		_X_ Form filed b	i. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)				ect 4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  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 Beneficially Owned (6.g., puts, calls, warrants, options, convertible securities)												
				2. Date Exercisable and 3. Title and Amount of Secu			· · · · · · · · · · · · · · · · · · ·	Conversion or Exercise	5. Ownership Form of	Nature of Indirect Beneficial Ownership		
(Instr. 4)		Expiration Date		Derivative Security (Instr. 4)		arities citatrying	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)				
				Expiration Date	Title	Amount or Numb	er of Shares		(Instr. 5)			

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CROWE KEVIN E 7665 CORPORATE CENTER DRIVE MIAMI, FL 33126	X					

## **Signatures**

/s/ Kevin Crowe	04/02/2013
Signature of Reporting Person	Date

## **Explanation of Responses:**

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

#### Remarks:

Mr. Crowe is associated with Apollo Management, L.P. ("Apollo Management") and its affiliated investment managers, including Apollo Management VI, L.P. ("Management VI"). Management VI serves as the manager of eight of the

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.