FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Reportin Del Rio Frank J	2. Issuer Nam Norwegian (			0	~	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
7665 CORPORATE CENT	3. Date of Earlie 06/30/2016	est Transad	ction	(Month/E	ay/Yea	X Officer (give title below) Other (specify below) Pres. & CEO					
(Street) MIAMI, FL 33126	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 Form filed by More than One Reporting Person				
(City) (State)	(Zip)		Table I - I	Non-	Derivativ	e Secu	rities Ac	quired, Disposed of, or Benefi	cially Owne	d	
1.Title of Security (Instr. 3)	Date Ex (Month/Day/Year) ar	A. Deemed xecution Date, if ny Month/Day/Year)	Code	ion (A) or Disposed of (D) H (Instr. 3, 4 and 5) H		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	t (Instr. 4)	
Common Stock (1)	06/30/2016		F		15,732	D	\$ 39.84	395,548	D		
Common Stock								304,373	I	By Breeze Hill Investments, LLC	
Common Stock								135,754	Ι	By GCO Managemen LLC	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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)

(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Nu	mber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	rivative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					urities			(Instr	. 3 and			2	(Instr. 4)
	Security					quired			4)			0	Direct (D)	
					(A)							1	or Indirect	
						posed						Transaction(s)	< / .	
					of							(Instr. 4)	(Instr. 4)	
					(Instr. 3, 4 and 5)									
					4, and 5)									
										Amount				
							Date	Expiration		or				
							Exercisable	Expiration Date	Title	Number				
								Date		of				
				Code V	(A	) (D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Del Rio Frank J 7665 CORPORATE CENTER DRIVE MIAMI, FL 33126	Х		Pres. & CEO				

## Signatures

#### /s/Daniel S. Farkas, as attorney-in-fact for Frank J. Del Rio

\*\*Signature of Reporting Person

07/01/2016 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) Represents shares withheld by Norwegian Cruise Line Holdings Ltd. to satisfy tax withholding obligations in connection with the vesting of 37,500 restricted stock units granted to the reporting person on August 4, 2015.

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.