

SECURITIES AND EXCHANGE COMMISSION

FORM 3

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REPORTING OWNER

ROWAN MARC J

CIK: **1032681**

Type: **3** | Act: **34** | File No.: **001-35784** | Film No.: **13535792**

Mailing Address
*APOLLO ADVISORS LP
1301 AVE OF THE
AMERICAS
NEW YORK NY 10019*

ISSUER

Norwegian Cruise Line Holdings Ltd.

CIK: **1513761** | IRS No.: **980691007**

SIC: **4400** Water transportation

Mailing Address
*7665 CORPORATE DRIVE
MIAMI FL 33126*

Business Address
*7665 CORPORATE DRIVE
MIAMI FL 33126
305-436-4000*

FORM 3

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

OMB APPROVAL	
OMB Number:	3235-0104
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person <u>ROWAN MARC J</u> (Last) (First) (Middle) <u>7665 CORPORATE CENTER DRIVE</u> (Street) <u>MIAMI, FL 33126</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/17/2013</u>	3. Issuer Name and Ticker or Trading Symbol <u>Norwegian Cruise Line Holdings Ltd. [NCLH]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Remarks:

Mr. Rowan is associated with Apollo Management, L.P. ("Apollo Management") and its affiliated managers, including Apollo Management VI, L.P. Apollo Management VI, L.P. is the manager of the respective shareholders of NCL Investment Limited and NCL Investment II Ltd, and indirectly beneficially owns the ordinary shares of Norwegian Cruise Line Holdings Ltd. (the "Issuer") held of record by NCL Investment Limited and NCL Investment II Ltd. This report does not include any securities of the Issuer held by NCL Investment Limited or NCL Investment II Ltd., or that may be deemed to be beneficially owned by Apollo Management or any of the other Apollo investment managers or investment advisors affiliated with NCL Investment Limited, NCL Investment II Ltd or their respective shareholders, and Mr. Rowan disclaims beneficial ownership of all such securities. This report shall not be deemed an admission that Mr. Rowan is the beneficial owner of, or has any pecuniary interest in, such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Signatures

/s/ Marc J. Rowan
 ** Signature of Reporting Person

01/17/2013
 Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.