Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

-	OMB APPI
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

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

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

									_		_		_								
1. Name and Address of Reporting Person*  PYNE J H						2. Issuer Name <b>and</b> Ticker or Trading Symbol  KIRBY CORP [ KEX ]										neck a	all applica	•			
					_											X	Director			10% Owner	
(Loot)	/_	irot)	(Middle)		O Data of Fauliant Transaction (At 11 / D. N.)										$\dashv$	X	Officer (give title Other (specific below) below)			specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/05/2014									Chairman & CEO					
55 WAUGH DRIVE					Chairman & CEO																
SUITE 1	000																				
		-   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															'"	X	Form fil	ed by One	Penn	rting Perso	,
HOUST	ON T	X	77007													Λ		,		One Repor	
																	Person		e uidli	опе керог	uny
(City)	(S	tate)	(Zip)																		
		Tal	ble I - Nor	n-Deriv	vativ	re Se	curitie	s Ac	qu	ired, I	Dis	osed of	f, oı	r Ben	eficia	lly O	wned				
					saction	n	2A. Deemed						ties Acquired (A) or				5. Amount of				7. Nature of
				Date (Month/Day/Year)		Execution Date, Year) if any		Code (Instr.		Disposed Of (D) (Instr. 3, 4				´ [	Securitie Beneficia	ally	Form: Direct (D) or Indirect		Indirect Beneficial		
							(Month/Da	ay/Yea	ır)	8)							Owned Following Reported		(I) (In		Ownership (Instr. 4)
										Code	v	Amount		(A) or (D)	Price	I.	Transact (Instr. 3 a	ion(s)			
Common Stock, par value \$.10 per share				02/0	05/2014					G	V	11		A	\$95.	69	211	1,348		D	
Common Stock, par value \$.10 per share			03/1	0/2014					A		9,585		A	\$0		220,933		D			
Common Stock, par value \$.10 per share																	5,183				401(k) Plan
			Table II -									sed of, onvertib				y Ov	ned				
	l .	I				, can	1		_							1.		l			1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			o U D		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Γ											Amoun	t					
															or Numbe	.					
				,	Code	v	(A)	(D)	Dat Exe	te ercisable		Expiration Date	Title		of Shares						
Employee							1	H			$\dashv$					+					
Stock Option (Right to	\$104.37	03/10/2014			A		13,752		03/	10/2017 <sup>0</sup>	(1)	03/10/2021		mmon tock	13,752	2	\$0.00	13,75	2	D	

## **Explanation of Responses:**

1. Option is exercisable 33% after one year, 67% after two years and 100% after three years from date of grant.

## Remarks:

<u>G. Stephen Holcomb, Agent</u> <u>and Attorney-in-Fact</u>

03/12/2014

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.