FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHA | NGES IN E | BENEFICIAL | OWNERSHIP |
|-----------|--------|-----------|------------|------------------|

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

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

| 1. Name and Address of Reporting Person* Farley James F. | | | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | | | | (Ch | eck all [| onship of Reporting all applicable) Director Officer (give title | | g Person(s) to Issue 10% Own Other (sp | | vner |
|--|--|--|---|-------|---|--|-------|-----------------------------------|-------------|---|--------|--------------------|--|---------------------|--|--|---|--|--|--|--|
| (Last) 55 WAU SUITE 1 | (First) (Middle) GH DRIVE 000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2015 | | | | | | | | | | A t | elow) | | | below) | ' |
| (Street) HOUST(| | tate) | 77007 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) X F F F | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | | | | | | | | | | |
| Date (Month/ | | | /Day/Ye | ar) | Execution Date, if any (Month/Day/Yea | | | Transaction Code (Instr. 8) | | | |) (Instr. | . 3, 4 and | Benefici Owned F | | ally ollowing | Form: Direct (D) or Indirect (I) (Instr. 4) | r Indirect istr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | Tr | eported ansact istr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock, par value \$.10 per share 02/02 | | | | | 2/201 | 15 | | | A | | 3,200 | 3,200 | | \$0.0 | 0 | 28,403 | | | D | | |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | | | | 952 | | | | 401(k) Stock | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (I 8) | | of E | | Exp | s. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | Deriv Secu | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forn Dire or In (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | expiration Date | Title | | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$74.99 | 02/02/2015 | | | A | | 4,767 | | 02/0 |)2/2018 ^{(:} | 1) 0 | 2/02/2022 | Comi | | 4,767 | \$ | 60 | 4,767 | | 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:

Ronald A. Dragg, Agent and 02/04/2015 Attorney-in-Fact

** Signature of Reporting Person 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.