FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
-	hours per recogness:	0.5								

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

					_														
Name and Address of Reporting Person*     PYNE J H					2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [ KEX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				-				-					X Directo	r		10% Ow	ner		
(Last)	(F	irst)	(Middle)		3. 1	Date of Earliest Transaction (Month/Day/Year)								X Officer below)	Officer (give title below)			pecify	
55 WAUGH DRIVE					02/02/2015									Chairman					
SUITE 1000																			
5011L 1000						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					"		,				(	,, ,	Line			9 (			
HOUSTON TX 77007													X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
					-														
(City) (State) (Zip)														. 0.00.					
		Tal	ble I - Nor	n-Deri	vativ	e Se	curitie	s Ac	auired.	Disi	osed o	f. or Be	neficial	v Owned					
					nsaction				<del>-</del>			ies Acquired (A) or		5. Amou	nt of	6. Ownership		. Nature of	
1. The or occurry (man. o)				Date (Month/Day/Year)		ear)	Execution Date,							Securitie Benefici		Form: I	Direct I	Indirect Beneficial	
				(	(Monan Bay rear)		(Month/Day/Year				"			Owned F	Owned Following Reported		tr. 4)   (	Ownership (Instr. 4)	
									Code	٧	Amount	(A) o	r Price	Transact	ion(s)			,	
Common Stock, par value \$.10 per share 02/02/						/2015		A		13,335	5 A \$0		221,805		]	D			
													F 1	5,182(1)		I 4	401(k)		
Common Stock, par value \$.10 per share													5,162(3)			1   2	101(K)		
			Table II -						uired, Di , option					Owned					
1. Title of	2.		3A. Deemed			5. Number		6. Date Exercisable and			7. Title and Amou		8. Price of	9. Numbe		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Yea		Code (Instr		Securities Acquired (A) or		Expiration Date of Securities (Month/Day/Year) Underlying Derivative Sec (Instr. 3 and 4)			ng	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative											Derivative Security		(Instr. 5)	Beneficia Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security								(IIISti. 3 aliti 4)				,		Following Reported	ı (	(I) (Instr. 4)		
							of (D) (Instr.								Transaction(		)		
				F			3, 4 and 5)					 		-	(Instr. 4)				
													Amount or						
									Date		Expiration		Number of						
					Code	٧	(A)	(D)	Exercisable	] :	Date	Title	Shares						
Employee Stock																			
Option (Right to	\$74.99	02/02/2015			A		19,857		02/02/2018	(2)	02/02/2022	Common Stock	19,857	\$0	19,85	7	D		

## Explanation of Responses:

- 1. Share balance adjusted by (1) share during 2014 pursuant to the Kirby Corporation 401(k) Plan. The information reported herein is based on a plan statement dated December 31, 2014.
- 2. 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 Attorney-in-Fact

02/04/2015

\*\* 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.