SEC Form 4

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FORM 4

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

OMB APPROVAL

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

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Williams Shawn D. | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|--|------------------|---|---------|--|--------------|--|---|--|---|---------|--|--|--|---|--------|---|---------|
| | | | | | | | | | | | | X | tor | | 10% O | wner | | |
| (Last) | (Fi | irst) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2024 | | | | | | | | | Office belov | icer (give title low) | | Other (below) | specify |
| 55 WAUGH DRIVE | | | 4 If Amondment Date of Original Filed (Manth David)() | | | | | | | C. Individual en Inint/Orgun Filing (Chaol: Applicable | | | | | | | | |
| SUITE 1000 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| (Street) | ον τχ | ζ 7 | 7007 | | | | | | | | | | | Form Perso | filed by Mo | re tha | n One Rep | orting |
| | 01 12 | x / | /00/ | | Rule | <u>1</u> 0 د |)b5-1(c) | Tran | sant | ion Indi | icatio | 'n | | | | | | |
| (City) | (64 | ata) (T | Zin) | | | . 10 | /00-1(C) | man | Saci | | icalic | /// | | | | | | |
| (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | | | | | |
| | | Table | I - Non | -Deriva | tive Se | ecur | rities Acq | uired, | Disp | posed of | , or B | ene | ficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) Date (Month/Da | | | | | Execution Date, | | 3.4. Securitie:TransactionDisposed OCode (Instr.5) | | | | | 3, 4 and Secu Bene Own | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock, par | value \$0.10 per | share | 04/29/ | 2024 | | | A | | 1,828 | A | | \$0 10,361 | | | | D | |
| | | Tal | | | | | ies Acqui varrants, | | | , | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | Transaction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) tr. | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |

Number Expiration Date Date Exercisable of Shares v (D) Title Code (A) Explanation of Responses:

and 5)

Ronald A. Dragg, Agent and Attorney-in-Fact

Amount or

05/01/2024

** 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.