| SEC Form 4 | |
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FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

| to Section 16. Form 4 or Form 5 | |
|---------------------------------|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the S |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Securities Exchange Act of 1934 or Section 30(h) of the Investm

| 1. Name and Address of Reporting Person | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--------------------|----------------------------------|-----------|--|---|----------|------------------------------------|-----------|--------|---|---|---|---------|--|--|--|
| Ainsworth Anne-Marie (Last) (First) (Middle) | | | | KIRBY CORP [KEX] | | | | | | | Director | 10% 0 | Owner | | | |
| | | | | | e of Earliest Transa 2/2024 | ction (N | lonth/l | Day/Year) | | Officer (give title below) | Other below | (specify) | | | | |
| 176 NORTH TRANQUIL PATH DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | X | Form filed by On | e Reporting Per | son | | | |
| THE TX 77380 | | | | | | | | | | | Form filed by Mo Person | re than One Re | porting | | | |
| | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| (City) | (State) | (Zip) | | Check this box to indicate that a transaction was made p satisfy the affirmative defense conditions of Rule 10b5-1 | | | | | | | to a contract, instruction or written plan that is intended to Instruction 10. | | | | | |
| | Tat | ole I - Nor | n-Derivat | tive S | ecurities Acqu | uired, | Disp | oosed of, | or Ber | eficially | / Owned | | | | | |
| Date | | 2. Transac Date (Month/Day | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V | | Amount (A) or (D) P | | Price | Transaction(s) (Instr. 3 and 4) | | (instr. 4) | | | | |
| Common Stock, | par value \$0.10 p | er share | 04/29/2 | 2024 | | Α | | 1,828 | Α | \$ <mark>0</mark> | 26,965 | D | | | | |
| | | | | | curities Acqui | | | • | | | 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/h | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

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.