#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20548

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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hours per response:	0.5							

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* <u>LAWRENCE CHARLES BERDON</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol KIRBY CORP [ KEX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner  V Officer (give title Other (specify						
(Last) (First) (Middle) 55 WAUGH DRIVE SUITE 1000				3. Date of Earliest Transaction (Month/Day/Year) 12/29/2005									X Officer (give the Offier (specify below)  Chairman of the Board							
(Street) HOUSTO			77007 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine)  X 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																			
			2. Transa Date (Month/E	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		Price	Trans		action(s) 3 and 4)			(11341.4)
Common Stock, par value \$.10 per share 12.				12/29	/2005	2005 12/29/2005		2005	S		64,186	6	D	\$53	3.28	1,581,418		D		
Common Stock, par value \$.10 per share				12/29	/29/2005		12/29/2005		S		18,114	4	D	\$53.28		442,582			I	Trusts <sup>(1)</sup>
Common Stock, par value \$.10 per share																3,349			I	401(k) Plan
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)	rivative curity or Exercise (Month/Day/Year) str. 3) Price of Derivative Security  Date (Month/Day/Year) Frice of Derivative Security  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount nber	t		9. Number of derivative Securities Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D O (I	.0. Ownership orm: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

### **Explanation of Responses:**

1. These shares are owned by four trusts. Mr. Lawrence is not a beneficiary under any of the trusts, but under the terms of the instruments pursuant to which all four trusts were created, Mr. Lawrence does have the right to reacquire the property constituting the principal of the trusts, including, but not limited to, the shares owned by the trusts by substituting property of equal value therefor.

# Remarks:

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

12/30/2005

\*\* 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.