FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigtoii, | D.C. | 20549 | |
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| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

OMB APPROVAL

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

| | | | | | - | | | | | | | ., | | | | | | | | |
|---|---|--|--|---------|---|-------|-----------------------|----------------------------|------------------|--|--------|---------------------|--|---|---------------------------------------|---|---|---|--|--|
| | nd Address of <u>Gregory</u> | Reporting Person* R . | | | | | Name a Y CO | | | | ng Sy | ymbol | | | | ck all applic Directo | able) r | g Pers | 10% Ow | ner |
| (Last) 55 WAU SUITE 1 | GH DRIVE | • | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2011 | | | | | | | | y | Officer (give title Other (specification) below) President-Kirby Inland Marine | | | | | | |
| (Street) | ON, TX X | 1 | 77007 | | 4. 11 | f Ame | endment, | Date | of Or | riginal F | iled (| (Month/Da | y/Year) | | 6. Inc Line) | Form fi | led by One led by Mor | e Repo | (Check Apporting Persor | 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | /ative | e Se | curitie | s Ac | cqui | ired, [| Disp | osed o | f, or Be | nef | iciall | y Owned | l | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, - | , Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securitie Beneficia Owned F | | es For ally (D) collowing (I) (| | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | [| Code | v | Amount | (A) (D) | or F | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock, par value \$.10 per share 01/3 | | | | 01/3 | 1/201 | 011 | | | A ⁽¹⁾ | | 6,975 | 5 A | | \$0 | 49,996 | | | D | | |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | | | 735 | | | | 401K Plan | |
| | | - | Fable II - I | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Date, | 4. Transa Code (I 8) | | of | | Expi | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Employee Stock Option (Right to Buy) | \$46.74 | 01/31/2011 | | | A | | 7,990 | | 01/3 | 1/2014 ⁽² | 2) 0 | 1/31/2018 | Commor Stock | 7, | 990 | \$46.74 | 7,990 |) | D | |

Explanation of Responses:

- 1. Restricted Stock awarded under the 2005 Stock and Incentive Plan for Kirby Corporation.
- 2. Option is exercisable 33% after one year, 67% after two years and 100% after three years from date of grant.

Remarks:

G. Stephen Holcomb, Agent and Attorney -in-Fact

02/02/2011

** 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.