FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-010								
Estimated average burden								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	lress of Reporting	RICK (1	Date of Event equiring Staten Month/Day/Year 4/22/2008	nent	3. Issuer Name and Ticker or Trading Symbol KIRBY CORP [ KEX ]								
(Last) (First) (Middle) 6301 INDIAN CREEK DRIVE					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			(1)	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) FORT WORTH (City)	TX (State)	76116 (Zip)				Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check plicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
			2. Date Exercisable and Expiration Date (Month/Day/Year)			3. Title and Amount of Security Underlying Derivative Security		4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratior Date	n Title	,	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

G. Stephen Holcomb, Agent and Attorney-in-Fact 04/24/2008

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).