FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Husted Amy D. | | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | | | | | k all appl Direct | licable) | ng Person(s) to Is 10% O Other (s | | wner |
|---|--|--|------|---|--|---|-----|--|------------------|------|--|----------------|--------------------------------------|---|--|--|--|--|------|
| (Last) 55 WAU | (Last) (First) (Middle) 55 WAUGH DRIVE, SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2021 | | | | | | | | Λ | below V | w) below; /P and General Counsel | | below) Counsel | |
| (Street) HOUST(| | | 7007 | | 4. If # | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form | I or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting erson | | | |
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | tion 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | 5. Amo 4 and Securit Benefic | | unt of ies :ially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) o | Pri | ce | Transaction(s) | | | | (11150.4) | | | |
| Common Stock, par value \$.10 per share 02/25/2 | | | | | | 2021 | | | S | | 1,600 | D | \$ | 65 ⁽¹⁾ | 14,166 | | D | | |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | | 2,578 | | | I | 401(k) | |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | 200 | | | I | Husband | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | | Amour or Numbe of Shares | er | | | | | |

Explanation of Responses:

1. The reported price is the weighted average sales price. The sales were at prices ranging from \$65.00 to \$65.01 per share. The reporting person will provide, upon request by the commission staff, full information regarding the number of shares sold at each separate price.

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

02/26/2021

** 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.