FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| II |

OMB APPROVAL OMB Number: Estimated average burden 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* VALERIUS STEVEN P | | | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | | | | Check | all app Dired | olicable) ctor | | Issuer Owner r (specify |
|--|--|--------|-------------|--------------------------------|--|---|---------|---|------------------|---------------|---------------------|--|----------------|--|-------|--|---|--|---|
| (Last) | (Last) (First) (Middle) 55 WAUGH DRIVE, SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2008 | | | | | | | | | X | Officer (give title below) Pres. Kirby Inland Marine, LP | | | v) |
| (Street) HOUSTON TX 77007 | | | | 4. If | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | 1 013 | | | |
| | | Tabl | le I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, o | r Ben | efic | ially | Own | ed | | |
| '''' '' | | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | v | Amount | | (A) or (D) | Pric | e | Trans | action(s) 3 and 4) | | (Instr. 4) | | | |
| Common Stock, par value \$.10 per share | | | | | 01/28/2008 | | | | | | 1,398 | 1,398 D | | \$42 | 2.39 | 34,574 | | D | |
| Common | on Stock, par value \$.10 per share | | | | | | | 3 | 31,818 | I | Wife ⁽¹⁾ | | | | | | | | |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | | | | | 1,986 | I | 401(k) Plan |
| Common Stock, par value \$.10 per share | | | | | | | | | | | | | | | | | 1,732 | I | 401(k) Stock- Wife ⁽²⁾ |
| | | Та | able II - [| | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | Date, | Date, Transactio Code (Inst | | 5. Number of | | 6. Date E Expiratio (Month/D | n Dat | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (⁽⁰⁾ | Date Exercisa | | Expiration | Titl | or Nu of | ount mber | | | | | |

Explanation of Responses:

- 1. Shares owned beneficially and of record by Mr. Valerius' wife. Mr. Valerius disclaims ownership of the shares.
- 2. Shares owned beneficially and of record by Mr. Valerius' wife through the Kirby Corporation 401(k) Plan. Mr. Valerius disclaims ownership of the shares.

Remarks:

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

01/30/2008

Date

** Signature of Reporting Person

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.