FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	inde. See		Filed			Section 16(a) 30(h) of the In					934		nours	s per response:	0.5	<u>'</u>
1. Name and Address of Reporting Person* ALARIO RICHARD J				2. Issuer Name <b>and</b> Ticker or Trading Symbol KIRBY CORP [ KEX ]								Relationsh heck all ap X Dire	plicable)	ng Person(s)	o Issuer o Owner		
(Last) 3103 NE	(First) (Middle) NEWBERRY LANE			3. Date of Earliest Transaction (Month/Day/Year) 05/03/2021								Offic belo	cer (give title w)	Oth bel	er (specify w)		
(Street) SHREVI	EPORT L.		1106 Zip)		4. If Ar	mend	ment, Date o	f Origina	l Filed	(Month/Da	y/Year)		ne) <mark>X</mark> Fori	n filed by On	up Filing (Che	erson	
		Table	I - Nor	n-Deriva	tive S	ecui	rities Acq	uired,	Disp	osed of	, or Bei	nefici	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 35)						Form: Direct	_					
1. Title of	Security (Ins	etr. 3)		Date		Exed if an	cution Date, ny	Transa Code (		Disposed (			nd Secui Bene Owne	ities icially d Following	Form: Direction (D) or Indire	of Indirec Beneficia Ownershi	t I
1. Title of	Security (Ins	str. 3)		Date		Exed if an	cution Date, ny	Transa Code (	Instr.	Disposed (			Secur Bene Owne Repo Trans	ities icially d Following	Form: Direction (D) or Indire	of Indirec	t I
		value \$.10 per sl	nare	Date	ay/Year)	Exed if an	cution Date, ny	Transa Code ( 8)	Instr.	Disposed ( 5)	Of (D) (Inst	r. 3, 4 a	And Securing Beneficial Owner Report Trans (Instr.	ities ficially d Following rted action(s)	Form: Direction (D) or Indire	of Indirect Beneficia Ownershi	t I
		value \$.10 per sl	ble II -	Date (Month/Date ) 05/03/	2021 ve Sec	Exec if an (Moi	cution Date, ny	Transa Code ( 8) Code	v Dispo	Amount 3,048	(A) or (D) A	Price	Securing Sec	ities ficially d Following rted action(s) 3 and 4)	Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect Beneficia Ownershi	t I

Date

Exercisable

**Explanation of Responses:** 

Ronald A Dragg, Agent and Attorney-in-Fact

Shares

Amount or Number

Expiration

Title

Date

05/04/2021

\*\* 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).

Code

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.

(A) (D)