FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | obligations may continue. See | | | | | | | | |
| | Instruction 1(b) | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | UI V | Jecuic | JII 30(II) | OI LITE I | iivestiiei | it Con | ilpariy Act | 01 194 | 0 | | | | | | | | |
|---|---|--|---|---------------------------|--|--|------------|------------------|-------------------|--|--|--------|---|-------------------|---|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Reniers Joseph H. | | | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) 55 WAUGH DRIVE, SUITE 1000 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2013 | | | | | | | | | | Offic below | er (give title v) | Other | 10% Owner Other (specify below) y Chain | | |
| (Street) HOUSTON TX 77007 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indiv ne) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp | | Disposed | urities Acquired (A sed Of (D) (Instr. 3, | | | 4 and S | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Tra | | action(s) 3 and 4) | | (111501.4) | | |
| Common Stock, par value \$.10 per share 01/28/ | | | | | 3/2013 | /2013 | | | A ⁽¹⁾ | | 4,170 |) | A | \$0 | | 1 | 3,282 | D | | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, T C y/Year) 8 | | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisal | | Expiration Date | Title | | of Shares | | | | | | | |

Explanation of Responses:

1. Restricted Stock awarded under the 2005 Stock and Incentive Plan for Kirby Corporation.

Remarks:

G. Stephen Holcomb, Agent and Attorney-in-Fact 01/30/2013

** Signature of Reporting Person Date

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

- * 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.