FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT	OF	CHANGES

OMB APPROVAL S IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 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

							. ,				ompany Act									
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LAWRENCE CHARLES BERDON					KINDT CORT [REA]								X	Direc	ctor	X	10% C	Owner		
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							X	Offic belov	er (give title w)		Other below)	(specify		
55 WAUGH DRIVE						01/25/2006									Chairman of the Board					
SUITE 1000																				
JOIL I	4 If	4 If Amondment Date of Original Filed (Month/Day/Mass)								6 Individual or Joint/Croup Filing (Chock Applicable										
(Street)					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
HOUSTO	N TX	7	77007											X	Form filed by One Reporting Person				son	
																Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																	
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	cially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		3. 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a						ities icially	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial				
						(Month/Day/Year)		8)				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price		Trans	Transaction(s) (Instr. 3 and 4)			(,		
Common Stock, par value \$.10 per share 01/25/20				2006				S		28,328	D	\$53	.1369	1,3	398,301		D			
Common	mmon Stock, par value \$.10 per share 01/25/20				2006	006		S		6,722	D	\$53	\$53.1369		392,169		I	Trusts ⁽¹⁾		
Common	Stock, par v	ar value \$.10 per share 3,762 I						401K Plan												
		Та	ıble II -								osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			Transa Code (Expirat (Month	tion Da	(ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		Deri Sec (Insi	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of Shares							

Explanation of Responses:

1. These shares are owned by four trusts. Mr. Lawrence is not a beneficiary under any of the trusts, but under the terms of the instruments pursuant to which all four trusts were created, Mr. Lawrence does have the right to reacquire the property constituting the principal of the trusts, including, but not limited to, the shares owned by the trusts by substituting property of equal value therefor.

Remarks:

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

01/26/2006

** 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.