FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 49 | OMB APP | ROVAL |
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| | OMB Number: | 3235-0287 |

OMB Number: 3235-0287

Expires: December 31, 2014

0.5

Estimated average burden hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* <u>LAWRENCE CHARLES BERDON</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | |
|--|--|--|-------|-------|--|---|---|------|---|----------------|--------------------|---|---|---|--|--|-------------|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2003 | | | | | | | | X Officer (give title Other (specify below) Chairman of the Board | | | | |
| (Street) (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) 5) | | | | | nd Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount (A) (D) | | () or () | Price | Trans | action(s) 3 and 4) | | (IIISti. 4) | |
| Common Stock, par value \$.10 per share 05/15/ | | | | | 5/2003 | ′2003 | | G | | 30,000 D | | 0 | 3,1 | 25,428 ⁽¹⁾ | D | | | |
| 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) 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | Date, | | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 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 | Amo or Num of Shar | ber | | | | |

Explanation of Responses:

1. Also owned are 907,982 shares indirectly by seven trusts. Mr. Lawrence is not a beneficiary under any of the trusts, but under the terms of the instruments pursuant to which all seven 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. In addition, Mr. Lawrence owns 2,153 shares indirectly in the Kirby Corporation 401K Plan and 200,000 shares directly in Employee Stock Options (Right to Buy).

<u>G. Stephen Holcomb, Agent</u> <u>and Attorney-in-Fact</u>

05/15/2003

** 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.