## FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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|     | OMB APP                  | ROVAL     |  |  |  |  |  |  |  |  |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
|     | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
|     | Estimated average burden |           |  |  |  |  |  |  |  |  |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     LAWRENCE CHARLES BERDON  |  |       |                              |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol KIRBY CORP [ KEX ] |  |  |       |   |     |                          |                         |               | 5. Relationship of Reporting Person(s) to Issu (Check all applicable)  X Director X 10% Own     |   |   |  |   | )wner                 |            |  |
|--|--|-------|------------------------------|--|---|--|--|-------|---|-----|--------------------------|-------------------------|---------------|---|---|---|--|---|-----------------------|------------|--|
| (Last) (First) (Middle) 55 WAUGH DRIVE SUITE 1000  |  |       |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2005           |  |  |       |   |     |                          |                         |               | X Officer (give title Other (specify below) below)  Chairman of the Board                       |   |   |  |   |                       |            |  |
| (Street) HOUSTON TX 77007  (City) (State) (Zip)  |  |       |                              |  | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |       |   |     |                          |                         |               |   | 6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |  |   |                       |            |  |
|  |  | Tab   | le I - Noi                   | า-Deriv  | ative   | Se   | curiti   | es Ac | quired,   | Dis | oosed o                  | f, o                    | r Ben         | efici   | ally  | Owne  | ed   |   |                       |            |  |
| Date   |  |       |                              | action 2A. Deemed Execution Date, if any (Month/Day/Year)                                |   | 3.<br>Transaction<br>Code (Instr.<br>8)                  |  |       |   |     |                          | 4 and Sec<br>Ben<br>Owr |               | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |   |                       |            |  |
|  |  |       |                              |  |   |  |  |       | Code  | v   | Amount                   |                         | (A) or<br>(D) | Pric  | e   |   | action(s)<br>3 and 4)  |   |                       | (111501.4) |  |
| Common Stock, par value \$.10 per share 09/19/   |  |       |                              | 9/2005   | 2005  |  | G  | V     | 50,000 D  |     | (                        | 1)                      | 1,802,698     |   | D   |   |  |   |                       |            |  |
| Common Stock, par value \$.10 per share  |  |       |                              |  |   |  |  |       |   |     |                          |                         |               |   | 50  | 06,302  |  | I | Trusts <sup>(2)</sup> |            |  |
| Common Stock, par value \$.10 per share  |  |       |                              |  |   |  |  |       |   |     |                          |                         |               |   | 3   | 3,349   |  | I | 401(k)<br>Plan        |            |  |
|  |  | Ta    | able II - I<br>(             |  |   |  |  |       |   |     | sed of,<br>onvertib      |                         |               |   |   | vned  |  |   |                       |            |  |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  4. Conversion or Exercise Price of Derivative Security |  | Date, | 4.<br>Transa<br>Code (<br>8) | action (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Expiratio<br>(Month/D                                    | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date |       | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares |     | nstr. 3<br>nount<br>mber | nt<br>er                |               | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Oi<br>Fo<br>Di<br>(I)   | D.<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                       |            |  |

## **Explanation of Responses:**

- 1. Bona fide gift for no consideration of any kind.
- 2. 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

09/20/2005

\*\* 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.