Edgar Filing: KIRBY CORP - Form 4

| KIRBY COR Form 4 | | | | | | | | | | | | | | |
|--|---|--|---|---|---|------|-----------------|--------|---------------|--|--|----------------|--|--|
| June 04, 2015 | | | | | | | | | | | OMB A | PPROVAL | | |
| FORM | SECUR Was | ITIES hingto | OMB Number: | 3235-0287 | | | | | | | | | | |
| Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STA 5. 5. File ¹⁵ Sectio | . TEM d purs n 17(a | Expires: Estimated a burden hou response | Expires:January 3 200Estimated average burden hours per response0. | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | | |
| | | | | 2. Issuer Name and Ticker or Trading Symbol KIRBY CORP [KEX] | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 3. Date (Month | | | | 3. Date of | e of Earliest Transaction h/Day/Year) | | | | | _X_ Director | XOfficer (give titleOther (specify | | | |
| | | | | | ndment, Date Original th/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 | | | | |
| (City) | (State) | (2 | Zip) | Table | e I - Noi | n-De | erivative S | ecurit | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | | Transaction Date 2A. Deemed fonth/Day/Year) Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock, par value \$.10 per share | 06/02/201 | 5 | | | | | Amount 6,250 | | Price \$ 0 | (Instr. 3 and 4) 215,555 | D | | | |
| Common Stock, par value \$.10 per share | 06/02/201 | 5 | | | G <u>(1)</u> | V | 6,250 | A | \$ 0 | 6,250 | I | by daughter | | |
| Common Stock, par value \$.10 per share | | | | | | | | | | 5,182 | Ι | 401(k) | | |

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2 | 3. Transaction Date | 24 Deamed | 4 | 5. | 6. Date Exer | aicable and | 7. Titl | and | 9 Drice of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|------------------|-------------|---------|----------|-------------|--------|
| | 2. | | | 4. | | | | | | 8. Price of | |
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ties | (Instr. 5) | Bene |
| . , | Derivative | | | . , | Securities | 5 | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | (| | | Follo |
| | Security | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | 1 | | | | | | |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | A | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable Date | - | Title | Number | | |
| | | | | | | | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PYNE J H 55 WAUGH DRIVE SUITE 1000 HOUSTON, TX 77007 | Х | | Chairman | | | | | |
| Signatures | | | | | | | | |
| Ronald A. Dragg, Agent and Attorney-in-Fact | | 06 | 5/04/2015 | | | | | |

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

This transaction was a gift of shares by the reporting person to his daughter, who shares the same household. The reporting person

(1) disclaims beneficial ownership of such shares and this report is not an admission that the reporting person is the beneficial owner of such shares for any purpose, including Section 16.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.