#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Watson Patricia A  (Last) (First) (Middle)  1801 BAYBERRY COURT  P.O. BOX 18100					3. E	2. Issuer Name and Ticker or Trading Symbol BRINKS CO [ BCO ]  3. Date of Earliest Transaction (Month/Day/Year) 02/20/2014										i. Relationship of Reporting Person(s) to Issuer Check all applicable)  Director 10% Owner  X Officer (give title below)  VP & Chief Information Officer				
(Street) RICHM(	OND V		23226 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	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-Deriva  1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					action	2A. Deemed			Code (Instr.   5)					or	5. Amou Securition Benefici Owned I	int of 6 es Fially ([	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
Common Stock			02/20	0/2014				Code	v	Amount 3,230	(D)		ice 60.00	Transac (Instr. 3	Reported Transaction(s) (Instr. 3 and 4)		D	(Instr. 4)		
	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)  2. Conversion or Exercise Price of Derivative Security			3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of		6. Date Ex Expiration (Month/Da	Date	Amount of		rity	B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Market Share	(3)	02/20/2014			Code	v	(A) 3,240		Date Exercisabl		expiration pate	Title  Common	of Shar	es	\$0.00	6,552		D		
Units	(3)	02/20/2014			А		3,240	1 1	(-)		(+)	Stock	(3	′ I	φυ.υυ	0,352		ע		

### **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents a right to receive, subject to the terms and conditions of the 2013 Equity Incentive Plan and a Restricted Stock Units Award Agreement, one share of the Company's common stock subject to vesting in three equal annual installments, beginning on February 20, 2015.
- 2. Restricted Stock Units that have not yet vested.
- 3. Each Market Share Unit represents a right to receive, subject to the terms and conditions of the 2013 Equity Incentive Plan and a Market Share Units Award Agreement, a minimum of 0 shares and a maximum of up to 1.5 shares of the Company's common stock, based on the average closing stock price for the twenty trading days leading up to and including December 31, 2016, as compared to the average closing stock price for the twenty trading days leading up to and including December 31, 2013.
- 4. Under the terms of the Market Share Units Award Agreements, the units will become earned and payable, if at all, upon the Compensation and Benefits Committee's determination of the amount of shares of Company common stock payable pursuant to each outstanding Market Share Unit award.

# Remarks:

Elizabeth C. Restivo, Attorney- 02/24/2014 in-Fact

\*\* 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.