FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

nton, D.C. 20549	
gion, D.C. 20549	OMB APPROVA
	!

OMB Number:	3235-0287				
Estimated average burden	ı				
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

	nd Address of	Reporting Person*				er Name <b>and</b> NKS CO			g Syı	mbol		(Ch	elationship of eck all applica Director	ble)	g Perso	10% Ow	ner	
(Last) 1801 BA P.O. BOX	YBERRY (	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/06/2005							X Officer (give title below) Other (specify below)  VP - Corp. Fin. and Treasurer						
(Street) RICHM(	OND V	TA State)	23226 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable ) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Т	able I - Non	-Deriva	tive S	ecurities	S Ac	quired, D	isp	osed o	f, or Be	neficially	Owned					
Date				2. Transac Date (Month/Da	Execution Date,		Transaction Disposed Of Code (Instr.			ties Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficiall Owned Fo	у	Form:	Direct II Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	,	Amount	nt (A) or Pr		Reported Transaction(s) (Instr. 3 and 4)				1150.4)		
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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte	ve es ally ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Units	(1)	05/06/2005		A		85.65 <sup>(1)(2)</sup>		(1)		(1)	Common Stock	85.65(1)(2	) (1)	41,021.	.29 <sup>(3)</sup>	D		

## **Explanation of Responses:**

- 1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make bi-weekly salary deferrals to an incentive account. As of the end of each fiscal year, the amount of salary deferred to the Reporting Person?s account during that fiscal year, plus any matching amounts, is converted into Units representing shares of The Brink?s Company Common Stock ("BCO") and credited to the Reporting Person's account in accordance with the terms of the Program.
- 2. The number of Units credited to the Reporting Person?s account on the Transaction Date is an estimate based upon trading prices of BCO shares for the two-week period ended May 6, 2005.
- 3. The total number of Units owned following the reported transaction is an estimate of the total number of Units representing shares of BCO in the Reporting Person's account under the Program.

## Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 05/10/2005

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.