FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO] | | | | | | | | | eck all app Direc | ationship of Reportii k all applicable) Director Officer (give title below) Executive V | | rson(s) to Is 10% Ov Other (s | wner | |
|--|---|-------|----------|---|---|--|---------------------------|---------------------------------------|----------|--------------------|---|---|-----------|--|--|---|-------------------------------------|---------------------------------------|--|
| (Last) (First) (Middle) 555 DIVIDEND DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 | | | | | | | | | below | | | below) | ъреспу | |
| | Street) COPPELL TX 75019 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | n Deriva | tivo 9 | 20011 | ritios | Λ α α | uired | Die | posed of | or F | 20no | ficia | Ily Own | | | | |
| | | labic | 1 - 1101 | I-Delive | uive . | Jecu | iilies | Асц | un eu, | וכוט | 1 | - | | | ily Owil | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Execution Date, | | 3. 4. Securities Acquire Disposed Of (D) (Inst 5) | | | | | d Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | (111511. 4) | |
| Common Stock 03/01/2 | | | | | 2022 | | A | | 3,927(1) |) A | | \$ <mark>0</mark> | 76,099(2) | | | 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) | 2. Conversion Date Security 3. Transaction Date (Month/Day/Year) 3. A. Deemed Execution Date, if any (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration I (Month/Day es d | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | Code V | | v | (A) | (D) | | | Expiration Date | Title | or Num of Shar | ber | | | | | | |

Explanation of Responses:

- 1. Each Restricted Stock Unit represents a right to receive, subject to the terms and conditions of the 2017 Equity Incentive Plan and a Restricted Stock Units Award Agreement, one share of the Company's common stock subject to vesting in three annual installments, beginning in March 2023.
- 2. Includes 12,622 Restricted Stock Units that have not yet vested.

Remarks:

/s/ Beth Davis, Attorney-in-

03/03/2022

Fact

** Signature of Reporting Person

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.