FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL									
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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

Name and Address of Reporting Person* Watson Patricia A				2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]								Check	ationship of all applica Director Officer (ble)	p Perso	n(s) to Issue	ner	
(Last) 1801 BA P.O. BOX	YBERRY (irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014							X	below)		re title Other (specify below) sief Information Officer			
(Street) RICHMOND VA 23226 (City) (State) (Zip)												6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transact Date (Month/Day	Execution Date,		Code (In:	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.						Form ly (D) or		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code			_	Amount	ount (A) or (D)		9	Transaction(s) (Instr. 3 and 4)				msu. 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.		Derivative		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Deri Security (Instr. 3 4)		tive	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	e s ally g	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 Number Shares	r of		(Instr. 4)	1011(5)		
Units	(1)	07/01/2014		A		249.91 ⁽²⁾		(1)		(1)	Common Stock	249.91	1 ⁽²⁾	\$27.51 ⁽³⁾	5,751.	.08	D	

Explanation of Responses:

- 1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make deferrals to an incentive account. These deferrals, plus amounts matched by The Brink's Company ("BCO") and amounts credited for dividend equivalent payments, will settle in BCO common stock on a one-for-one basis following the Reporting Person's termination of employment with BCO, subject to and in accordance with the terms of the Program.
- 2. On the first business day of each month, salary deferred to the Reporting Person's account during the previous month, plus any matching amounts, is converted into Units (each of which is the economic equivalent of one share of BCO common stock) and credited to the Reporting Person's account in accordance with the terms of the Program.
- 3. The number of Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$27.51, which is the average trading price of BCO common stock for the month of June 2014, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 07/02/2014

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.