FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington, D.C. 20549	OMB APPROVAL

- 1		
- 1	<u></u>	
	OMB Number:	3235-0287
	Estimated average bu	ırden
	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* SCHUMACHER MATTHEW AP				2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)		irst)	(Middle)		Date of Earliest Transaction (Month/Day/Year)								X	Director Officer (g below)			10% Ow Other (s _i below)	
1801 BAYBERRY COURT P.O. BOX 18100				02/02/2009								Controller						
(Street) RICHMOND VA 23226					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Ta	able I - Non-	-Deriva	tive S	ecurities	s Acc	quired, I	Dis	posed o	f, or Be	nefici	ally	Owned				
Date				2. Transac Date Month/Da	Execution Date,		Date,	Transaction Disposed Code (Instr.			ies Acquired (A) or Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Followin		Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) or (D)		e	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	saction (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)			7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 ar 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		Expiration Date	Title	Amour Numbe Shares	er of		(Instr. 4)			
Units	(1)	02/02/2009		A		140.64 ⁽¹⁾		(1)		(1)	Common Stock	140.6	34(1)	\$26.13 ⁽²⁾	2,896	.31	D	

Explanation of Responses:

1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make salary deferrals to an incentive account. On the first business day of each month, the amount of salary deferred to the Reporting Person?s account during the previous month, plus any matching amounts, is converted into Units representing shares of The Brink?s Company ("BCO") Common Stock and credited to the Reporting Person's account in accordance with the terms of the Program. Dividends are calculated and credited to the Reporting Person's total account balance 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 based upon a share price of \$26.13, which is the average trading price of BCO Common Stock for the month of January 2009, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 02/03/2009

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.