FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average | burden | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | Code | V | (A) | (D) | Exerci | sable | Date | Title | Shares | | | | | |
|--|---|--|---|-------------|--|---------|---|--------|--|---------------------|--|---|---|--|---|---|--|
| | | | | | | | | Date | | Expiration | | Amount or Number of | | | | | |
| 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 | Transaction 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) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form: y Direct (D) or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | |
| | | | Table II - Dei (e.ç | | | | | • | | posed of, convertib | | - | Owned | | | | |
| (Month/D: | | | nin/Day/ | (Month/Day/ | | n/Day/Y | | | Amount | (A) or (D) | Price | | | l) (Instr. 4) | Ownership (Instr. 4) | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ransactio | Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 | | | | | I (A) or | r 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | | | |
| (Street) RICHMOND VA 23226 | | | | | | | | | | [| X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| P.O. BOX 18100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Last) (First) (Middle) 1801 BAYBERRY COURT | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2004 | | | | | | , | Corp. Fin. | and Treasur | | | | |
| HARTOUGH JAMES B | | | | | | | | | | | | | Officer (below) | (give title | 10% C Other below | (specify | |
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |

Explanation of Responses:

1. This balance reflects an estimation of Units representing shares of The Brink's Company Common Stock ("BCO") to be credited to the Reporting Person's account under the Key Employees' Deferred Compensation Program (the "Program"). Under the terms of 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 account is converted into Units representing shares of BCO and credited to the Reporting Person's account in accordance with the terms of the Program. The balance listed above is an estimate of the value of these Units based upon trading prices of BCO for the two-week period ended June 18, 2004.

Remarks:

/s/ McAlister C. Marshall, II McAlister C. Marshall, II,

06/22/2004

Attorney-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.