## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## 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

1. Name and Address of Reporting Person <sup>*</sup> Davis Simon					2. Issuer Name <b>and</b> Ticker or Trading Symbol      BRINKS CO   BCO							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 555 DIV	(F IDEND DF	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022						X Officer (give title below) EVP, CHRO			Other (s below)	pecify	
(Street) COPPELL TX 75019   (City) (State) (Zip)						6. I Lin	ndividual or Joint/Group Filing (Check Applicable e) 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																
1. Title of Security (Instr. 3) Date (Month/D					Execution Date,		Transaction Disposed C Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a		Beneficia	es Fo ally (D) Following (I)		Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) oi (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)			<del></del>	
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)	vivative Conversion Date Execution Date, T curity or Exercise (Month/Day/Year) if any C		ransaction ode (Instr.				e Amount of		of s ng e Security	8. Price of Derivative Security (Instr. 5)	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)		
				Amount or Number	(Instr. 4)		011(3)									

## Explanation of Responses:

(1)

1. Program Units (each of which is the economic equivalent of one share of The Brink's Company ("BCO") common stock) credited to the Reporting Person's stock incentive account under the terms of the Key Employees' Deferred Compensation Program (the "Program") will settle in BCO common stock on a one-for-one basis and shall be distributed in accordance with the Reporting Person's deferral election either (1) following the Reporting Person's termination of employment with BCO or (2) on a future date selected by the Reporting Person at the time of his or her deferral election.

Date Exercisable

(1)

Expiration Date

(1)

Title

Common

Stock

2. In accordance with the terms of the Program, on the last business day of each month, compensation deferred by the Reporting Person during that month and/or any matching amounts are converted into

(D)

(A)

132.2<sup>(2)</sup>

v

A

Program Units and credited to the Reporting Person's stock incentive account.

10/31/2022

3. The number of Program Units credited to the Reporting Person's account on the transaction date is based upon a share price of \$59.63, which is the closing price of BCO common stock on the final trading day of the month in which the deferred compensation would have been payable, calculated in accordance with the terms of the Program.

## **Remarks:**

Program

Units

/s/ Beth Davis, Attorney-in-Fact

Shares

132.2

\$59.63<sup>(3)</sup>

11/02/2022

6,832.93

D

\*\* 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.