FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	_ OWNERSHIP

OMB APP	ROVAL					
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

	d Address of	Reporting Person *				er Name an NKS CO			ng Sy	ymbol		(Ch	elationship of eck all applica Director	ıble)	g Perso	n(s) to Issue 10% Ow Other (s)	ner
(Last) 1801 BA P.O. BO	YBERRY C	irst) COURT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/01/2011					Officer (give title below) Vice President and CFO				Jeony			
(Street) RICHMO		A tate)	23226 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	dividual or Joint/Group Filing (Check Applicable 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. Transa Date (Month/Da	Execution Date,		Code (Instr.					Form:	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	V	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar				11541. 47	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		3A. Deemed Execution Date if any (Month/Day/Ye	Date, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 ar 4)		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)			
					e V	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount o Number o Shares		(Instr. 4)	(0)		
Units	(1)	09/01/2011		A		503.46 ⁽²⁾		(1)		(1)	Common Stock	503.46 ⁽²	\$24.88 ⁽³⁾	15,235.	87 ⁽⁴⁾	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 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 representing shares 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 \$24.88, which is the average trading price of BCO common stock for the month of August 2011, calculated in accordance with the terms of the Program.
- 4. Includes 60.01 Units representing shares of BCO common stock that were credited to the Reporting Person's account under the Program as a result of a dividend payment, in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 09/02/2011

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.