FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Beneficial

Ownership (Instr. 4)

Direct (D)

or Indirect

(I) (Instr. 4)

D

Form:

Instruc	tion 1(b).		d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							34	india per response.						
Name and Address of Reporting Person*     Pertz Douglas A				2. Issuer Name <b>and</b> Ticker or Trading Symbol BRINKS CO [ BCO ]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last)	(F IDEND DR	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2020							below)				specify	
(Street) COPPEL (City)		X tate)	75019 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable b)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - Nor	n-Deriv	ative Se	ecurities Acq	uired,	Disp	posed o	of, o	r Ben	eficially	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.						5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount		(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
						urities Acqu ls, warrants,		-				-	Owned				
1. Title of Derivative	2. Conversion	3. Transaction Date					8. Price of Derivative			10. Ownership	11. Nature						

(Month/Day/Year)

Expiration Date

## **Explanation of Responses:**

or Exercise

Derivative

Security

(Month/Day/Year)

06/30/2020

1. 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 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 (D)

Exercisable

- 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 Units and credited to the Reporting Person's stock incentive account.
- 3. The number of Units credited to the Reporting Person's stock incentive account on the Transaction Date is based upon a share price of \$45.51, 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:

Security (Instr. 3)

Units

/s/ Lindsay K. Blackwood

Lindsay K. Blackwood,

07/02/2020

Securities

Following

(Instr. 4)

Reported Transaction(s)

25,350.53

Owned

Beneficially

\$45.51<sup>(3)</sup>

Security

Attorney-in-Fact

(Instr. 3 and 4)

Title

Common

Stock

Underlying Derivative Security

Amount

Number

Shares

164.8(2)

\*\* 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).

Code (Instr.

Code

Α

Securities

(A)

164.8<sup>(2)</sup>

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

if any (Month/Day/Year)

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.