FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF CHANGE	S IN BENEFI	CIAL OW	NERSHIP

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

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

		Reporting Person* ONALD JAN	<u>IES</u>			r Name an IKS CO			ng Sy	ymbol			elationship of eck all applica Director	able)	Person	10% Ow	ner
(Last) 1801 BA	(F YBERRY (irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/29/2018							below)	Officer (give title below) EVP, Chief Finance		Other (sp below)	респу	
(Street)	OND V	Α	23226		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) Compared to the compared t					
(City)	(S	tate)	(Zip) able I - Non-D	erivat	ive S	ecurities	s Ac	quired, I	Dis	posed o	of, or Be	neficiall	y Owned				
Date				ZA. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amoun Securities Beneficial Owned Fo	ly (Form: [Direct Indirect I	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	ion(s)			nstr. 4)
			Table II - Dei (e.ç					,		,	or Bene ble secu	,	Owned				
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 (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 Derivativ Security (Instr. 3 and 4)			9. Number derivative Securities Beneficiall Owned Following Reported Transactio	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount o Number o Shares		(Instr. 4)			
Units	(1)	06/29/2018		A		150.47 ⁽²⁾		(1)		(1)	Common Stock	150.47(2	\$79.75 ⁽³⁾	6,597.7	3	D	

Explanation of Responses:

- 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.
- 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 \$79.75, 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:

/s/ Cariann D. Fisher Cariann D. 07/03/2018 Fisher, Attorney-in-Fact

** Signature of Reporting Person

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.