FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APF	PROVAL
l	OMP Number:	2225 02

hours per response:

OMB Number: 3235-0287 Estimated average burden

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

1	nd Address of Holly R	Reporting Person*				er Name <b>an</b> NKS CO		er or Trading	g Symb	ool		(Che	lationship of ck all applica Director	able)	g Perso	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014					X	below)	-	ef HR	below)	респу			
(Street) RICHM(		YA State)	23226 (Zip)		4. If Am	endment, C	Date of	f Original Fil	ed (Mo	nth/Day/	/Year)	6. Inc Line)		ed by One	e Repor	(Check Appl rting Person One Report	
		Ta	able I - Nor	-Deriva	tive S	ecurities	s Ac	quired, D	ispo	sed of	, or Bei	neficially	Owned				
Date			2. Transac Date (Month/Da	Execution Date,		Date,	, Transaction Disposed Of Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned Fo Reported	Form: y (D) or		: Direct Indirect Str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V Amount (A) or (D)			Price	Transaction(s) (Instr. 3 and 4)			(						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative   Conversion   Date   Security   or Exercise   (Month/Day/Year)		3A. Deemed Execution Dat if any (Month/Day/Yo	Code	nsaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)					8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact	re es ally g d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	e V	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares		(Instr. 4)			
Units	(1)	07/01/2014		A		246.58 <sup>(2)</sup>		(1)		(1)	Common Stock	246.58(2)	\$27.51 <sup>(3)</sup>	8,764	.12	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 equivalent 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 (each of which is the economic equivalent of one share 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 \$27.51, which is the average trading price of BCO common stock for the month of June 2014, calculated in accordance with the terms of the Program.

## Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 07/02/2014

in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.