SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-

SECURITIES

Estimated average burden hours per response: 0.5

OMB Number:

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 [*] Galloway Elizabeth A			2. Date of E Requiring S (Month/Day)	tatement 'Year)	3. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]						
(Last) 555 DIVIDI	(First) END DRIVE	(Middle)	05/15/202	3	Issuer	lationship of Reporting r :k all applicable) Director Officer (give title below)	10% O		File	d (Month/Day/	
(Street) COPPELL (City)	TX (State)	75019 (Zip)				EVP and C	HRO			eck Applicable Form filed I Person	by One Reporting
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)					I. Nature of Indirect Beneficial Dwnership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		I 3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable			Title		Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

No securities are beneficially owned.

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/s/ Elizabeth A. Galloway 05/15/2023

Date

** 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 5 (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.

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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