FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	wasnington,		
STATEMENT (OF CHANGES IN	N BENEFICIAL	OWNERSHIP

vvasimigton,	D.O. 20	0-10	

OND AFFROVAL									
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*				r Name and NKS CO			ng Sy	mbol			Relationship of eck all applica Director	able)	g Perso	n(s) to Issue 10% Ow Other (s	ner
(Last) 1801 BA P.O. BOX	YBERRY (irst) COURT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/04/2010						X Officer (give title below) Other (specify below) VP and General Counsel						
(Street) RICHM(A tate)	23226 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. I	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tá	ıble I - Non	-Deriva	tive S	ecurities	s Ac	quired, I	Dis	osed o	f, or Be	neficial	y Owned				
Date			2. Transac Date (Month/Da	Execution Date,		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amoun Securities Beneficia Owned Fo	y (D) or		: Direct III Indirect E str. 4) C	7. Nature of ndirect Beneficial Dwnership Instr. 4)			
									V	Amount	(A) o (D)	r Price	Transaction (Instr. 3 a				(11341.4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	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 Amor of Securities Underlying Deriv Security (Instr. 3 4)			9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Code						(A)	(D)	Date Exercisabl		expiration Date	Title	Amount of Number of Shares		(Instr. 4)			
Units	(1)	01/04/2010		A		374.78 ⁽²⁾		(1)		(1)	Common Stock	374.78	\$24.32 ⁽³⁾	4,915	5.9	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 \$24.32, which is the average trading price of BCO common stock for the month of December 2009, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 01/04/2010

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.