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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b).				Filed	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										hours	per resp	oonse:	0.5
1. Name and Address of Reporting Person [*] REED AUSTIN F					2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]									ck all applica Director	,		10% Ow	ner
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100					3. Date of Earliest Transaction (Month/Day/Year) 09/09/2005								X	X Officer (give title Other (sp below) below) VP, Gen'l Counsel & Secretary				
(Street) RICHMOND VA 23226 (City) (State) (Zip)				'	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Only)		,	able I - Non-I	Deriva	tive S	ecurities	s Acc	quired, I	Disp	osed o	of, or E	Bene	ficially	Owned				
Date				. Transac Date Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4				Securities Beneficial Owned Fo	Beneficially Owned Following		Direct I Indirect I tr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	4) (D	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - Do (e			curities / IIs, warra								wned				
1. Title of Derivative Security (Instr. 3)			Transa Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		A) d of	6. Date Exp Expiration (Month/Da		7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir	e Owners s Form: ally Direct (or Indir g (I) (Instr	Ownership Form: Direct (D) or Indirect	Beneficial Ownership ct (Instr. 4)		
	Security						, -		_				mount or		Reporte Transac (Instr. 4)	d tion(s)	(I) (INSUL 4)	

Explanation of Responses:

(1)

1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make bi-weekly salary deferrals to an incentive account. As of the end of each fiscal year, the amount of salary deferred to the Reporting Person's account during that fiscal year, plus any matching amounts, is converted into Units representing shares of The Brink's Company Common Stock ("BCO") and credited to the Reporting Person's account in accordance with the terms of the Program.

Date Exercisable

(1)

Expiration Date

(1)

Title Common

in-Fact

Stock

2. The number of Units credited to the Reporting Person?s account on the Transaction Date is an estimate based upon trading prices of BCO shares for the two-week period ended September 9, 2005.

(D)

3. The total number of Units owned following the reported transaction is an estimate of the total number of Units representing shares of BCO in the Reporting Person's account under the Program.

Remarks:

Units

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 09/13/2005

(1)

46,014.41⁽³⁾

D

** Signature of Reporting Person Date

Number of Shares

98.66(1)(2)

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).

09/09/2005

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code v

A

(A)

98.66(1)(2)

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.