FORM 4

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

Washington, D.C. 20549

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

OMB APPROVAL							
OMB Number: 3235-0							
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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

	nd Address of R ROBE	Reporting Person* $\overline{RT\ T}$				r Name <b>and</b> I <mark>KS CO</mark>			g Sy	mbol			(Chec	ationship of k all applica Director Officer (	ble)	Perso	n(s) to Issue 10% Ow Other (sp	ner
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2005						X	below)			below)	Jecny			
(Street) RICHM(		itate)	23226 (Zip)			endment, C		Ů			,	nef	Line) X	Form file Form file Person	ed by One	Repor	Check Appli ting Person One Reportii	
1. Title of Security (Instr. 3)  2. Trans Date (Month/l			2. Transact	Saction 2A. Deemed Execution Date,		Code (Instr.			ed (A	A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)		Price	Reported Transactio (Instr. 3 ar	nd `4)			nstr. 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			3A. Deemed Execution Date, if any (Month/Day/Year)	Code	Transaction Code (Instr.		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am of Securities Underlying Der Security (Instr. 4)		rivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		xpiration ate	Title	Nu	ount or mber of ares		Transaction(s) (Instr. 4)			
Units	(2)	03/16/2005		A		239.58 <sup>(2)</sup>		(2)		(2)	Common Stock	23	9.58(2)	(2)	52,572.	26 <sup>(3)</sup>	D	

## **Explanation of Responses:**

- 1. This total has been adjusted to correct an inadvertent arithmetical error in connection with a July 14, 2004 stock option exercise previously reported on Form 4.
- 2. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to defer a portion of the annual award payable to the Reporting Person under the Company?s Key Employees Incentive Plan to an incentive account. The number of Units credited to the Reporting Person?s account on the Transaction Date as a result of that deferral is an estimate that has been calculated based upon a per share price of \$39.00. As of the end of each fiscal year, all estimated amounts in the Reporting Person?s account under the Program are 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.
- 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:

Elizabeth C. Restivo /s/

Elizabeth C. Restivo, Attorney- 03/18/2005

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.