FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIA	L OWNERSHIP

l	OIVID APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average bu	urden							

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

					UI Set	20011 30(11)	Ji tile i	investment	Con	ipally Act	01 1940						
	nd Address of ic Joseph	Reporting Person*				r Name an I <mark>KS CO</mark>		er or Tradin	g Sy	mbol			lationship of ck all applica Director	ble)	g Perso	in(s) to Issui 10% Ow	
(Last) 1801 BA P.O. BO	YBERRY (irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/03/2009								X Officer (give title Other (specify below) Vice President and CFO				
(Street) RICHM(OND V	A State)	23226 (Zip)	4	I. If Am	endment, C	ate of	Original Fil	led (Month/Day	y/Year)	6. Inc Line)		ed by One	Repor	Check Appl ting Person One Reporti	
		Tá	able I - Non-	Derivat	ive S	ecurities	s Acc	quired, C	Disp	osed o	f, or Be	neficially	Owned				
Date				. Transacti ate Month/Day	Execution Date,		Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficial Owned Fo	ly	Form (D) or	: Direct III Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	Transaction(s) (Instr. 3 and 4)			Instr. 4)		
			Table II - D					uired, Dis					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 Amoun of Securities Underlying Derivat Security (Instr. 3 ar 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Units	(1)	08/03/2009		A		403.68 ⁽²⁾		(1)		(1)	Common Stock	403.68(2)	\$29.03 ⁽³⁾	741.4	44	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"), 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 \$29.03, which is the average trading price of BCO common stock for the month of July 2009, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 08/05/2009

<u>in-Fact</u>

** 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.