FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasinington,	D.C.	20040	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL							
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

1. Name and Address of Reporting Person* Marshall McAlister C II				2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]								neck all app Dired	icable) tor	r 10		% Owner	
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2012								X Officer (give title Other (specify below) VP, Gen Counsel and Secretary				
(Street) RICHM(A tate)	23226 (Zip)	4	I. If Am	endment, D	ate of	f Original F	Filed	(Month/Da	y/Year)	6. Lir	e) X Form	filed by Or	ne Repo	(Check App rting Person One Report	
		Tá	ble I - Non	-Derivat	ive S	ecurities	S Ac	quired,	Dis	posed o	of, or Be	neficial	y Owne	i			
Date			2. Transacti Date (Month/Day	Execution Date,		Code (Instr.						Form (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Prid		Transa	Transaction(s) (Instr. 3 and 4)			(11301.4)	
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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	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 Amou of Securities Underlying Deriv Security (Instr. 3 4)			derivat Securi Benefi Owned Follow Report	tive ties cially I ing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount Number Shares		(Instr.			
Units	(1)	11/01/2012		A		264.97 ⁽²⁾		(1)		(1)	Common Stock	264.97	²⁾ \$26.5 ⁽³	20,0	08.28	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 equivalent 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 (each of which is the economic equivalent of one share 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 \$26.50, which is the average trading price of BCO common stock for the month of October 2012, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 11/05/2012

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.