Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	OMB Number:	3235-0287
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l	hours per response:	0.5

Filed pursuan	t to Section 16(a) of	the Securities Exc	hange Act of 1934

			or Se	ction 30(h) of the In	vestment Com	pany Act of 1940					
1. Name and Addres	1 0	on [*]		r Name and Ticker [KS CO [BCC		nbol		ionship of Reporting all applicable)	Person(s) to Issu	ıer	
REED AUST	<u>IN F</u>				. 1			Director	10% C	wner	
(Loot)	(First)	(Middle)					x	Officer (give title below)	Other (below)	(specify	
. ,	REED AUSTIN F Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100 Street) RICHMOND VA 23226		3. Date 05/20/2	of Earliest Transact 2005	ion (Month/Da	y/Year)	VP, Gen'l Counsel & Secretary				
P.O. BOX 18100)										
(Street)			4. If Am	endment, Date of O	riginal Filed (N	Ionth/Day/Year)	6. Indivi	dual or Joint/Group	Filing (Check App	licable Line)	
RICHMOND	VA	23226					X	Form filed by One			
-								Form filed by More	e than One Repor	ting Person	
(City)	(State)	(Zip)									
		Table I - Nor	n-Derivative S	ecurities Acq	uired, Disp	osed of, or Benefic	ially O	wned			
1. Title of Security	(Instr. 3)		2. Transaction	2A. Deemed	3.	4. Securities Acquired (A) of	or	5. Amount of	6. Ownership	7. Nature of	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any	3. Transa Code (l 8)	ction	4. Securities A Disposed Of (E		, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(*	·9·, p·	10, 0	uno, wan	unc	, options,	converti		111103)					
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. Transa Code (8)		5. Number o Derivative Securities Acquired (A Disposed of (Instr. 3, 4 au 5)) or (D)	Expiration Da	Expiration Date Sem Month/Day/Year) De		ate Securities Underlying		derlying Derivative curity Security		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Units	(1)	05/20/2005		A		126.33 ⁽¹⁾⁽²⁾		(1)	(1)	Common Stock	126.33(1)(2)	(1)	45,064.39 ⁽³⁾	D		

Explanation of Responses:

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.

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 May 20, 2005.

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:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 05/23/2005 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.