FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

l	nd Address of rood Lind	Reporting Person*					Name and KS CO			ding S	Symbol			eck all applic	cable)	Person(s) to Iss 10% O Other (wner
(Last) (First) (Middle) 1801 BAYBERRY COURT PO BOX 18100			3. Date of Earliest Transaction (Month/Day/Year) 11/30/2022								helow)		below)	эрсспу			
(Street) RICHM(23226 (Zip)		4. If	f Ame	endment, D	ate of	f Original	Filed	(Month/Day	y/Year)	Lin	e) X Form f	iled by One R	iling (Check Ap Reporting Perso than One Repo	n
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date		Date,	Code (Instr. 5)		ies Acquire Of (D) (Ins	d (A) or tr. 3, 4 and	5. Amou Securitie Beneficia Owned F Reported	Form (D) o ollowing (I) (In	. Ownership form: Direct D) or Indirect) (Instr. 4)	7. Nature of ndirect Beneficial Dwnership Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(111501.4)
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 Execution Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year)		ate, Tr	Code (Instr.		n Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(10)	
Program Units	(1)	11/30/2022			A		43.44 ⁽²⁾		(1)		(1)	Common Stock	43.44	\$59.75 ⁽³⁾	3,861.78	D	

Explanation of Responses:

- 1. Program Units (each of which is the economic equivalent of one share of The Brink's Company ("BCO") common stock) credited to the Reporting Person's stock incentive account under the terms of the Key Employees' Deferred Compensation Program (the "Program") will settle in BCO common stock on a one-for-one basis and shall be distributed in accordance with the Reporting Person's deferral election either (1) following the Reporting Person's termination of employment with BCO or (2) on a future date selected by the Reporting Person at the time of his or her deferral election.
- 2. In accordance with the terms of the Program, on the last business day of each month, compensation deferred by the Reporting Person during that month and/or any matching amounts are converted into Program Units and credited to the Reporting Person's stock incentive account.
- 3. The number of Program Units credited to the Reporting Person's account on the transaction date is based upon a share price of \$59.75, which is the closing price of BCO common stock on the final trading day of the month in which the deferred compensation would have been payable, calculated in accordance with the terms of the Program.

Remarks:

/s/ Beth Davis, Attorney-in-

12/02/2022

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.