П

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0 5

Instruction 1(b).				Filed	iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940													0.0
1. Name and Address of Reporting Person [*] <u>REED AUSTIN F</u>					2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]									k all applica Director	tionship of Reporting all applicable) Director Officer (give title		n(s) to Issu 10% Ov Other (s	vner
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2006									below)	0	ınsel &	below)	
(Street) RICHMC (City)		A 23226 tate) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)					y/Year)		Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Т	able I - Non	-Deriva	tive S	ecurities	s Acc	quired, [Disp	oosed o	of, or B	ene	ficially	Owned				
Date				2. Transac Date (Month/Da	Execution Date,		Date,	Transaction Dis Code (Instr.			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 a					Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount	(A) (D)	or	Price	Transactio (Instr. 3 an				(1150.4)	
			Table II - D			curities IIIs, warra								wned				
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	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar Expiration Date (Month/Day/Year)				es Ur ve Se and 4		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
		1	1		1	1	I						mount or		(Instr. 4)			1

Explanation of Responses:

(1)

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.

Date

Exercisable

(1)

(D)

Expiration

(1)

Title

Commor

Stock

Date

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 February 10, 2006.

(A)

52.93⁽¹⁾⁽²⁾

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.

4. This total has been adjusted to correct an error in data used previously to calculate total.

02/10/2006

Remarks:

Units

Elizabeth C. Restivo /s/

Elizabeth C. Restivo, Attorney- 02/14/2006

in-Fact

** Signature of Reporting Person Date

Number of

52.93(1)(2)

(1)

46,898.6⁽³⁾⁽⁴⁾

D

Shares

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).

Code v

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.