FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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* SCHUMACHER MATTHEW AP			2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) 1801 BA P.O. BO	YBERRY (irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014							X Officer (give title Other (specify below) Controller					
(Street) RICHMO		A tate)	23226 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Inc Line)								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transact Date (Month/Day	Execution Date,		Code (Instr.					Form:	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) oi (D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date E Security Or Exercise (Month/Day/Year) if		3A. Deemed Execution Date if any (Month/Day/Yea	n Date, Tran		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 Amount of Securities Underlying Derivati Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	nt or (
Units	(1)	01/02/2014		A		139.88 ⁽²⁾		(1)		(1)	Common Stock	139.88(2)	\$33.29 ⁽³⁾	18,371	1.56	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 \$33.29, which is the average trading price of BCO common stock for the month of December 2013, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 01/03/2014

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.