SEC For	rm 4																	
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ed pur	suant	to Section	16(a	) of the Sec	curiti	NEFICI ies Exchanç mpany Act o		SHIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person <sup>*</sup> Blackwood Lindsay K.						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>BRINKS CO</u> [ BCO ]								Relationship o eck all applio Directo X Officer	able)	ig Pers	on(s) to Iss 10% Ov Other (s	ner
(Last) 1801 BA PO BOX	(F AYBERRY ( 18100	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2022								below)		below) P & General Counsel			
(Street) RICHMOND VA			23226		4.1	lf Ame	)ate o	Original Filed (Month/Day/Year)			Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n		
(City)	(S		(Zip)	n-Deriv	vativ	e Se	curities	Ac	quired, [	Dis	posed of	f, or Ber	neficial	y Owned				
1. Title of Security (Instr. 3) Date (Month/D					Execution Date,			Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		5. Amour Securitie Beneficia Owned F Reported	s Form ally (D) c ollowing (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II -								osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transaction Code (Instr. 8)		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)		e	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	ion(s)		
Plan Units	(1)	05/31/2022			Α		30.48 <sup>(2)</sup>		(1)		(1)	Common	30.48	\$60.83 <sup>(3)</sup>	3,560.	61	D	

## **Explanation of Responses:**

1. 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 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 Units and credited to the Reporting Person's stock incentive account.

3. The number of Units redicted to the Reporting Person's stock incentive account on the Transaction Date is based upon a share price of \$60.83, 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-Fact

Stock

06/01/2022

\*\* 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.