FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

hington,	D.C.	20549			

	ROVAL
OMB Number:	3235-028

	Check this box if no longer subject to
٦	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

87 Estimated average burden 0.5 hours per response:

Direct (D) or Indirect

(I) (Instr. 4)

Ownership (Instr. 4)

Beneficially Owned Following

(Instr. 4)

Reported Transaction(s)

49,031.4⁽³⁾

					or Sec	ction 30(h) of the	Investmer	nt Con	npany Act	of 194	40							
1. Name and Address of Reporting Person* REED AUSTIN F				2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
																	Other (specify	
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2006								below) Gen'l Cou	ınsel &	below) z Secretar	y		
1.0. DON 10100				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)	OND V	'A	23226									Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)									Perso	III					
		T	able I - Nor	ı-Deriv	ative S	ecurities Ac	quired,	Disp	osed o	f, or	Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transplate (Month/I			action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount		(A) or (D)		Transac	ransaction(s) nstr. 3 and 4)			(Instr. 4)		
						curities Acqı IIs, warrants		•				-	Owned					
1. Title of Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			saction e (Instr.	Expiratio	Date Exercisable and Capiration Date Securities Unionth/Day/Year) 7. Title and A Securities Unionth/Day/Year) Derivative Se			nderlying	8. Price Derivativ Security	e derivati			11. Nature of Indirect Beneficial					

Explanation of Responses:

Price of Derivative

Security

(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 ("BCO") Common Stock and credited to the Reporting Person's account in accordance with the terms of the Program.

Date

Exercisable

(1)

(D)

Expiration

(1)

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 June 30, 2006.

Acquired (A) or Disposed of

(D) (Instr. 3, 4 and 5)

(A)

83.06(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.

Remarks:

(Instr. 3)

Units

Elizabeth C. Restivo /s/

(Instr. 3 and 4)

Title

Stock

Amount or

Number of

83.06(1)(2)

Shares

Elizabeth C. Restivo, Attorney- 07/05/2006

(Instr. 5)

(1)

in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/30/2006

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

8)

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.