## FORM 4

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Check this box if no longer subject to	STATEMENT OF CHANCES IN BEITE FORE CWINERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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 ar		Reporting Person*					Name <b>an</b> KS CC		ker or Tradir CO]	ng Sy	/mbol			Relationship o eck all applio Directo	,	( )	o Issue % Owr	
(Last) 555 DIV	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2019								helow)		be	Other (specify below)	
(Street) COPPEI			75019 (Zip)		4. 1	f Ame	ndment, [	Oate o	of Original Fi	iled (	(Month/Da	ay/Year)	Line	e) <mark>X</mark> Form f	loint/Group Filed by One I iled by More	Reporting F	erson	
(City)	(3)	•		Doriv	(otiv	- So	ourition	. ^ ^	auirad D	Nion	acad a	of or Box	noficial	ly Owned	<u> </u>			
				Day/Ye	Execution Date,			Code \	ion str. /	Amount sed of,		Price	Securitie Beneficia Owned F Reported Transact (Instr. 3 a	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  Owned		t of ct B O	Nature f Indirect eneficial wnership nstr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	d Date,	4. Transa Code ( 8)	action	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		ble and	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) (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Units	(1)	07/31/2019			A		45.7 <sup>(2)</sup>		(1)		(1)	Common	45.7 <sup>(2)</sup>	\$90.16 <sup>(3)</sup>	3,612.46	Г	,	

## **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 credited to the Reporting Person's stock incentive account on the Transaction Date is based upon a share price of \$90.16, 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/ Lindsay K. Blackwood Lindsay K. Blackwood,

08/01/2019

Attorney-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.