FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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).

	tion 1(b).	iue. See		Filed						rities Exchan ompany Act			34		hours	per res	sponse:	0.5
	nd Address of Ouglas A	Reporting Person*				uer Name NKS C			er or Trading	Symbol				elationship o ck all applic Director	able)	g Pers	on(s) to Issu 10% Ow	
(Last) 555 DIV	(F IDEND DR	irst) RIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/30/2022							X	X Officer (give title below) Other (specify below) Executive Chairman					
(Street) COPPEL (City)		X tate)	75019 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)					
		Ta	ble I - Noı	n-Deriva	tive	Securiti	es A	cq	uired, Di	sposed o	f, or	r Ben	eficially	/ Owned				
Date				2. Transac Date (Month/Da	Execution Date,		Transaction Disposed C		ies Acquired (A) o Of (D) (Instr. 3, 4			5. Amour Securities Beneficia Owned Fo	s Form		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V	Amount	nt (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				,
			Table II -							posed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tra	nsactio le (Inst	Deriva Secur Acqui or Dis of (D)			6. Date Exercisable and Expiration Date (Month/Day/Year)		of S Und Der	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D		Date Exercisable	Expiration Date	Title	le	Amount or Number of Shares		(Instr. 4)	ion(s)		
Program	(1)	12/30/2022		A		116.33	(2)	Ţ	(1)	(1)	Cor	mmon	116.37	\$53.71 ⁽³⁾	38,978	3.5	D	

Explanation of Responses:

- 1. Program 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 terms of 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 Program Units and credited to the Reporting Person's stock incentive account.
- 3. The number of Program Units credited to the Reporting Person's account on the transaction date is based upon a share price of \$53.71, 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:

Units

/s/ Beth Davis, Attorney-in-Fact 01/04/2023

** Signature of Reporting Person

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.