## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Vashington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

| STATEMENT | OF        | <b>CHANGES</b> | IN BE  | NEFICIAL | <b>OWNERSHIP</b> |
|-----------|-----------|----------------|--------|----------|------------------|
|           | $\circ$ . | CHANCE         | 114 DE |          | CIVILLICIIII     |

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-        |     |  |  |  |  |  |  |  |  |
| 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

| l             | d Address ο<br><u>Γimothy</u>  | f Reporting Person*  Joseph |            |         |  |   | Name <b>and</b>      |              | er or Tradir                                     | ng S   | ymbol        |                |                        |   | k all applic               | able)   | g Pers                    | son(s) to Issu          |                         |  |
|---------------|--|-----------------------------|------------|---------|--|---|----------------------|--------------|--|--|--------------|----------------|------------------------|---|----------------------------|---|---------------------------|-------------------------|-------------------------|--|
| (Last)        | (F   | rirst)                      | (Middle)   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023 |                      |              |  |  |              |                | Officer below)         | (give title                                       |                            | Other (s<br>below)                                | pecify                    |                         |                         |  |
| 1801 BA       | YBERRY   | COURT                       |            |         | 4.   | If Ame  | ndment, D            | ate o        | f Original Fi                                    | iled   | (Month/Da    | y/Year)        |                        | 6. Ind  | ividual or J               | oint/Group  | Filing                    | (Check App              | olicable                |  |
| PO BOX        | 18100  |                             |            |         |  |   |                      |              | Ü  |  |              | ,              |                        | Line)   |                            |   | _                         |                         |                         |  |
|               |  |                             |            |         | -  |   |                      |              |  |  |              |                |                        | X   |                            | rm filed by One Reporting Person                  |                           |                         |                         |  |
| (Street)      |  |                             |            |         |  |   |                      |              |  |  |              |                |                        |   | Form fi<br>Person          |   | e than                    | One Repor               | ting                    |  |
| RICHMO        | OND V  | Ά                           | 23226      |         | <u> </u>   |   | 401 5 4              | <i>(</i> )   |  |  |              |                |                        |   |                            |   |                           |                         |                         |  |
| -             |  |                             |            |         | -   R  | ule '   | 10b5-1               | (C)          | Transa   | icti   | on Indi      | catioi         | n                      |   |                            |   |                           |                         |                         |  |
| (City)        | (\$  | State)                      | (Zip)      |         | -1-  | 1 Chec  | k this box t         | o indic      | cate that a tra                                  | ansa   | ction was ma | ade pursu      | uant to a              | contrac   | t. instruction             | or written i                                      | plan th                   | at is intended          | to satisfy              |  |
|               |  |                             |            |         | ┨┖   |   |                      |              | e conditions of                                  |  |              |                |                        |   | ,                          |   |                           |                         | ,                       |  |
|               | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                             |            |         |  |   |                      |              |  |  |              |                |                        |   |                            |   |                           |                         |                         |  |
| 1. Title of S | Security (Ins  | tr. 3)                      |            |         | saction  |   | 2A. Deeme            |              | 3.   |  | 4. Securiti  |                |                        |   | 5. Amour                   |   |                           |                         | 7. Nature of            |  |
| Date (Month/  |  |                             |            | n/Day/Y | ear) i   | Execution D if any  |                      | Code (Instr. |  |  |              | nstr. 3, 4     | and                    | Securitie<br>Beneficia                            | illy                       | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                           | ndirect<br>Beneficial   |                         |  |
|               |  |                             |            |         |  | Month/Day   | y/Year)              | 8)           |  | <del>                                     </del> |              |                |                        | Owned Following<br>Reported                       |                            |   |                           | Ownership<br>(Instr. 4) |                         |  |
|               |  |                             |            |         |  |   |                      | Code         | Code V Amou                                      |  | (A)<br>(D)   | or Pri         | ice                    | Transacti<br>(Instr. 3 a                          |                            |   |                           |                         |                         |  |
|               |  |                             | Table II - | Dariy:  | ativo  | Sacı  | uritios /            | /cai         | ired Di  | enc  | sed of       | or Bo          | noficia                | ally C  | Jwned                      |   | <u> </u>                  |                         |                         |  |
|               |  |                             |            |         |  |   |                      |              | , options  | •  |              |                |                        | •   | wiica                      |   |                           |                         |                         |  |
| 1. Title of   | 2.   | 3. Transaction              | 3A. Deemed |         | 4.   |   | 5. Numbe             |              | 6. Date Exe                                      |  |              | 7. Title       |                        |   | 8. Price of                | 9. Numbe  |                           | 10.                     | 11. Nature              |  |
|               |  |                             |            |         | ransaction Derivative Expiration Date Amount of Ode (Instr. Securities (Month/Day/Year) Securities |   |                      |              |  |  |              |                | Derivative<br>Security | derivative<br>Securities<br>Beneficially<br>Owned |                            | Form: Benefi<br>Direct (D) Owner                  | of Indirect<br>Beneficial |                         |                         |  |
| (Instr. 3)    |  |                             |            |         | 8)   |   |                      |              |  |  |              |                | ying                   |   |                            |   | (Instr. 5)                |                         | Ownership<br>(Instr. 4) |  |
|               | Security   |                             |            |         |  | of (D) (Instr. 3 and 4)                                     |                      |              |  |  |              |                |                        | Following   |                            | (I) (Instr. 4)                                    | (111301. 4)               |                         |                         |  |
|               |  |                             |            | -       |  |   | o, 4 and :           | ره<br>ا      | <del>                                     </del> |  |              | 1              |                        |   | Reported<br>Transaction(s) |   |                           |                         |                         |  |
|               |  |                             |            |         |  |   | or                   |              |  | ount   |              | (Instr. 4)     |                        |   |                            |   |                           |                         |                         |  |
|               |  |                             |            |         |  | l   | <b> </b>             |              | Date   |  | Expiration   |                | Num                    |   |                            |   |                           |                         |                         |  |
|               |  |                             |            |         | Code   | ٧   | (A)                  | (D)          | Exercisabl                                       | le [   | Date         | Title          | Shai                   | res   |                            |   |                           |                         |                         |  |
| Plan Units    | (1)  | 12/01/2023                  |            |         | Α  |   | 10.05 <sup>(2)</sup> |              | (1)  |  | (1)          | Commo<br>Stock |                        | .05   | \$82.33 <sup>(3)</sup>     | 1,118.7   | 73                        | D                       |                         |  |

## **Explanation of Responses:**

- 1. Under the terms of the Plan for Deferral of Directors' Fees, as amended and restated (the "Plan"), units (each of which is the economic equivalent of one share of The Brink's Company ("BCO") common stock) ("Plan Units") credited to the Reporting Person's equity account 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 service from the Board of Directors 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 Plan, Plan Units were credited to the Reporting Person's account as a result of a dividend payment with respect to BCO common stock.
- 3. The number of Plan Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$82.33, which is the closing price of BCO common stock on December 1, 2023, calculated in accordance with the terms of the Plan

## Remarks:

/s/ Beth Davis, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

12/05/2023

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.