FORM 4

Check this box if no longer subject to

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

Washington, D.C. 20549

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CTATEMENIT	OE CHANGES	IN DENECICIAL	OWNEDSHID
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response:	0.5										

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

1. Name and Address of Reporting Person*  HARTOUGH JAMES B  (Last) (First) (Middle)  13 TWIN LAKE LANE				2. Issuer Name and Ticker or Trading Symbol     BRINKS CO [ BCO ]  3. Date of Earliest Transaction (Month/Day/Year) 09/26/2003							below)	able) give title		10% Ov Other (s below)	ner pecify			
(Street) RICHM(			23229 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In Line	∫ 【 Form fil	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transa Date (Month/D	Execution Date,		Code	action (Instr.				5. Amoun Securities Beneficia Owned Fo	Form (D) or ollowing (I) (In:		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)		"		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Transaction Security or Exercise (Month/Day/Year) if any Code (Inst		on of tr. De Si Ai (A Di of	of Exp			xpiration Date  Month/Day/Year)  L		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Director In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Co	de V	(A	A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares					
BCO Stock Units	\$0 <sup>(1)</sup>	09/26/2003		A		20	.08 <sup>(1)</sup>		01/01/2004	(1) 0	1/01/2004 <sup>(1)</sup>	The Brink's Company Common	208(1)	\$0 <sup>(1)</sup>	31,933	(1)	D	

## Explanation of Responses:

1. This balance reflects an estimation of Units representing shares of The Brink's Company Common Stock ("BCO") to be credited to the Reporting Person's account under the Key Employees' Deferred Compensation Program (the "Program"). Under the terms of the Program, the Reporting Person has chosen to make bi-weekly salary deferrals to an incentive account. As of January 1, 2004, the amount of salary deferred to the account will be converted into Units representing shares of BCO and credited to the Reporting Person's account in accordance with the terms of the Program. Since the amounts contributed by the Reporting Person are in cash and not yet convertible into Units representing shares of BCO, the balance listed above is an estimate based upon trading prices of BCO for the two-week period ended September 26, 2003.

## Remarks:

/s/ Tracy R. Foard Tracy R. Foard, Attorney-in-Fact for James B. Hartough

09/29/2003

Date

\*\* 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.