SEC For	m 4																			
FORM 4 UN				JNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549													OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				ed pur	rsuant	to Section	16(a	S IN BE	rities Excl		HIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5							
1. Name and Address of Reporting Person [*] Bossart Dominik						2. Issuer Name and Ticker or Trading Symbol <u>BRINKS CO</u> [BCO]								eck all applic Directo	able)	ig Pers	on(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) 1801 BAYBERRY COURT PO BOX 18100				07	3. Date of Earliest Transaction (Month/Day/Year) 07/30/2021								below)	below) SVP						
(Street) RICHMOND VA 23226 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(3		ole I - Nor	n-Deriv	vativ	e Se	curities	Ace	quired, D	isposed	of,	or Ben	eficiall	y Owned						
1. Title of Security (Instr. 3) Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transacti Code (Ins) 8)	on Dispo			l (A) or . 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form	: Direct I Indirect E str. 4) 0	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	Amou	nt	(A) or (D)	Price	Transact (Instr. 3 a	on(s)						
			Table II - I						uired, Dis , options,					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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		A S U D	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	Code	v	(A)	(D)	Date Exercisable	Expirati Date		ïtle	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Units	(1)	07/30/2021			A		55.87 ⁽²⁾		(1)	(1)		Common Stock	55.87	\$76.96 ⁽³⁾	15,698	.68	D			

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 \$76.96, 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:

<u>/s/Lindsay K. Blackwood,</u> <u>Attorney-in-Fact</u>

Date

08/03/2021

** Signature of Reporting Person Da

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.