## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL												
OMB Number:		3235-028										

				027	· · · · · =
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		TOF CHANGES IN BENEFICIAL OWNE	ERSHIP	OMB Number: Estimated average burd hours per response:	3235-0287 den 0.5
		or Section 30(h) of the Investment Company Act of 1940	•		
Name and Address of Reporting Person*		2. Issuer Name <b>and</b> Ticker or Trading Symbol BRINKS CO [ BCO ]	5. Relationship of R (Check all applicabl	eporting Person(s) to Ise)	

Units	(1)	09/29/2017			Α		9.5 <sup>(2)</sup>		(1)		(1)	Common Stock	9.5	(2)	\$84.25 <sup>(3)</sup>	6,531.52	D	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) if any (Month/Day Month/Day M		ate, 1	4. Transaction Code (Instr. 8)		n of l		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		1 2	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
		Т	able II - D							spo	sed of	, or Ben	efici	ally (	(Instr. 3 Owned	and 4)		
Dat			2. Transa Date (Month/D	2A. Deeme Execution if any (Month/Da		Date	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securitie Beneficion Owned FReporter Transact		es F ally (I Following (I d tion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Tab	le I - Non-	-Deriv	ative	Sec	curitie	s Ac	quired, I	Dis	osed o	of, or Be	enefi	cially	/ Owne	t		
(City)	(Si	tate)	(Zip)												Perso	n		
(Street) RICHM(	OND V	A :	23226											Line)	Form	filed by More	Reporting Pe	- 1
P.O. BO	X 18100				4. If	f Ame	ndment,	Date	of Original I	iled	(Month/D	ay/Year)				Joint/Group	Filing (Check	Applicable
(Last) 1801 BA	(Fi YBERRY (	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017							"	below		belov ice Presiden	′	
1. Name and Address of Reporting Person*  Beech Michael F						2. Issuer Name and Ticker or Trading Symbol BRINKS CO [ BCO ]								ck all appli Directe Office	cable) or (give title	g Person(s) to Issu 10% Own Other (sp	Owner (specify	

## **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 \$84.25, 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, 10/03/2017

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.