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).

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	nd Address of	Reporting Person*				er Name <b>an</b> NKS CO		er or Trading	g Symbol			(Che	lationship of ck all applica Director	able)	g Perso	on(s) to Issu 10% Ov Other (s	ner er
(Last) (First) (Middle) 1801 BAYBERRY COURT P.O. BOX 18100				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014						X	below)						
(Street) RICHM(		TA State)	23226 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				2. Transac Date (Month/Da	Execution Date,		Transaction Disposed Of Code (Instr.			ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned For Reported	Form: (D) or		Direct Indirect str. 4)	7. Nature of ndirect Beneficial Ownership (Instr. 4)	
								Code	Amoi	ınt	(A) or (D)	Price	Transaction	Transaction(s) (Instr. 3 and 4)			
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yes	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		of : Un	7. Title and Amou of Securities Underlying Deriv Security (Instr. 3 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	re es ally ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisable	Expirati Date	on Tit		Amount or Number of Shares		(Instr. 4)			
Units	(1)	07/01/2014		A		280.57 <sup>(2)</sup>		(1)	(1)		ommon Stock	280.57(2)	\$27.51 <sup>(3)</sup>	31,153	3.25	D	

## **Explanation of Responses:**

- 1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make deferrals to an incentive account. These deferrals, plus amounts matched by The Brink's Company ("BCO") and amounts credited for dividend equivalent payments, will settle in BCO common stock on a one-for-one basis following the Reporting Person's termination of employment with BCO, subject to and in accordance with the terms of the Program.
- 2. On the first business day of each month, salary deferred to the Reporting Person's account during the previous month, plus any matching amounts, is converted into Units (each of which is the economic equivalent of one share of BCO common stock) and credited to the Reporting Person's account in accordance with the terms of the Program.
- 3. The number of Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$27.51, which is the average trading price of BCO common stock for the month of June 2014, calculated in accordance with the terms of the Program.

## Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 07/02/2014

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.