FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinington,	D.C.	20343	

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

	nd Address of	Reporting Person*				er Name an NKS CO			ng Sy	ymbol			(Checl	ationship of all applica Director Officer (ble)	g Perso	n(s) to Issu 10% Ow Other (s	ner	
(Last) 1801 BA P.O. BOX	YBERRY (First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2008						X	below) VP & Chief Admin. Officer							
(Street) RICHMO		YA State)	23226 (Zip)		4. If Am	nendment, C	Oate of	f Original F	Filed ((Month/Da	y/Year)		6. Indi Line) X	Form file	ed by One	Repor	Check Appl ting Person One Reporti		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)			4 and 5) Securiti		s Form: (D) or ollowing (I) (Ins		Direct Indirect I	7. Nature of ndirect Beneficial Ownership Instr. 4)				
							Code	v	Amount	(A) (D)	or Pric	се	Troncoction(c)						
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/Year)	Cod	, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Deriv Security (Instr. 3 4)		ative	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisab		Expiration Date	Title	Amour Numbe Shares	er of		(Instr. 4)				
Units	(1)	01/02/2008		A		223.74 ⁽¹⁾		(1)		(1)	Commor Stock	223.7	74 ⁽¹⁾	\$61.07 ⁽²⁾	85,007	7.02	D		

Explanation of Responses:

1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make salary deferrals to an incentive account. On the first business day of each month, the amount of salary deferred to the Reporting Person?s account during the previous month, plus any matching amounts, is converted into Units representing shares of The Brink?s Company ("BCO") Common Stock and credited to the Reporting Person's account in accordance with the terms of the Program. Dividends are calculated and credited to the Reporting Person's total account balance in accordance with the terms of the Program.

2. The number of Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$61.07, which is the average trading price of BCO Common Stock for the month of December 2007, calculated in accordance with the terms of the Program.

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 01/04/2008

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.