SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] O'Brien Dana C.				2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO]							elationship c eck all applic Directo	able)	g Pers	on(s) to Issi 10% Ov		
(Last) (First) (Middle) 555 DIVIDEND DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021					- ,	X Officer (give title below) SVP and C			Other (specify below) eneral Counsel		
(Street) COPPELL TX 75019					4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In Line						
(City)			(Zip)									Form fi	Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) Date (Month/D								urities Acquired (A) (sed Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount		(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Date, Ti C	ransaction ode (Instr.	Derivative	Expiration Date Amour (Month/Day/Year) Securit Underl Derivat			ount of urities		8. Price of Derivative Security (Instr. 5) Beneficia Owned Followin Reported		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

(1)

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.

(D)

Date Exercisable

(1)

Expiratior Date

(1)

Title Commor Stock

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 \$63.30, 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:

Plan Units

<u>/s/ Beth Davis, Attorney-in-</u> <u>Fact</u>

Amount or Number

Shares

70.43

\$63.3⁽³⁾

of

10/04/2021

Reported Transaction(s) (Instr. 4)

1,958.27

D

** 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).

09/30/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

v

(A)

70.43⁽²⁾

Code

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.