FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1/h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | 01 3 | ection | 1 30(11) | or trie ii | ivesinei | it Con | ipariy Act C | JI 1940 | , | | | | | | |
|--|--------|-------------|---|---|--|---|--|-------------------|----------|---|---|---------|--|---|---|---|--|---|--|
| 1. Name and Address of Reporting Person* <u>Pertz Douglas A</u> | | | | 2. Issuer Name and Ticker or Trading Symbol BRINKS CO [BCO] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | X Di | ector | 100 | % Owner | | |
| (Last) | (Fi | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | | X Officer (give title below) | | ner (specify ow) | | |
| 1801 BAYBERRY COURT | | | | 03/15/2017 | | | | | | | | | President and CEO | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| RICHMO | OND VA | Λ 2 | 23226 | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| (City) | (St | rate) (| Zip) | | | Form filed by M Person | | | | | | | | | | | re than One F | teporting | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Acc | ηuired, | Disp | osed o | f, or | Bene | eficia | ally Ow | ned | | | |
| Date | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed | curities Acquired (A) osed Of (D) (Instr. 3, | | | nd Sec Ben Owr | mount of urities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indire | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Trar | saction(s) r. 3 and 4) | | (111341.4) | () | | |
| Common Stock 03/15 | | | | .5/2017 | | | | P | | 7,729 | 9 A \$ | | \$52 | 2.3 | 53,472 ⁽¹⁾ | D | | | |
| | | Та | able II - D | | | | | | | | sed of, o | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | Date, 1 | 4. Transaction Code (Instr. 8) | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivativy Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | of Indire Benefic Owners ct (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | - 1 | - 1 | | 1 | ı I | | - 1 | | I | 1 Amo | ount | | 1 | | - 1 | |

Date

Expiration

Explanation of Responses:

1. Includes Restricted Stock Units that have not yet vested.

Remarks:

/s/Lindsay K. Blackwood, Attorney-in-Fact 03/15/2017

** Signature of Reporting Person Date

or Number

of Shares

Title

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.

(A) (D)