FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN BEN	EFICIAL	OWNERSH	ΗP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of Ronald 1	Reporting Person*				r Name and IKS CO			ng S	ymbol			(Chec	ationship of k all applica Director Officer (ble)	g Perso	n(s) to Issue 10% Ow Other (s	ner
	YBERRY (First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/03/2012						X Officer (give title Officer (specify below) VP - International							
P.O. BOX 18100 (Street)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
RICHMO	OND V	'A	23226										X		•		one Reporti	ing
(City)	(S	State)	(Zip)															
		Ta	able I - Non-	-Derivat	ive S	ecurities	s Ac	quired,	Dis	posed c	of, or Be	nefici	ally	Owned				
Date			2. Transacti Date (Month/Day	Execution Date,		Code (Instr.						s Formula (D) (I) (I) (II)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) o (D)	r Prio	е	Transaction(s) (Instr. 3 and 4)				msu. 4)	
			Table II - D			curities /								wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Ye)			3A. Deemed Execution Date if any (Month/Day/Yea	Code	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 Amour of Securities Underlying Deriva Security (Instr. 3 a 4)		Derivative Security		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)
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour Number Shares	er of		(Instr. 4)	ion(a)		
Units	(1)	12/03/2012		A		305.21 ⁽²⁾		(1)		(1)	Common Stock	305.2	21(2)	\$26.73 ⁽³⁾	31,257.	.4 ⁽⁴⁾	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 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 \$26.73, which is the average trading price of BCO common stock for the month of November 2012, calculated in accordance with the terms of the Program.
- 4. Includes 112.72 Units (each of which is the economic equivalent of one share of BCO common stock) that were credited to the Reporting Person's account under the Program as a result of a dividend payment, in accordance with the terms of the Program

Remarks:

/s/ Elizabeth C. Restivo

Elizabeth C. Restivo, Attorney- 12/04/2012

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.