FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
raoriii igtori,	D.O.	20010

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
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

						(A)	(D)	Exercisable	Date	Title	Shares	1	1		
								Date	Expiration		Amount or Number of				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction of Code (Instr. Derivative		ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)		(Instr. 4)
1. Title of Security (Instr. 3)  2. Transac Date			. Transactio	ction 2A. Deemed Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4			ed (A) or	) or 4 and Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
		Tab	le I - Non-I	Derivati <sup>a</sup>	ve Se	curities	s Ac	auired. Di	sposed o	f. or Be	neficial	lv Owned			
(City)	(S	tate)	(Zip)												
(Street) RICHMO	OND V	<b>A</b> :	23226								- 1	X Form f	iled by More	Reporting Person than One Repo	
PO BOX 18100					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
, ,	YBERRY (	,	(,	1	2/01/2	022									
(Last)	(Fi	irst)	(Middle)		Date of Earliest Transaction (Month/Day/Year)					_	Officer below)	(give title	Other ( below)		
1. Name and Address of Reporting Person* <u>Tynan Timothy Joseph</u>				1	2. Issuer Name and Ticker or Trading Symbol BRINKS CO [ BCO ]						Ι,	eck all applice X Director	,	10% O	wner

## **Explanation of Responses:**

- 1. Under the terms of the Plan for Deferral of Directors' Fees, as amended and restated (the "Plan"), units (each of which is the economic equivalent of one share of BCO common stock) ("Plan Units") credited to the Reporting Person's equity account 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 service from the Board of Directors or (2) on a future date selected by the Reporting Person at the time of his or her deferral election.
- 2. In accordance with the terms of the Plan, Plan Units were credited to the Reporting Person's account as a result of a dividend payment with respect to BCO common stock.
- 3. The number of Plan Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$59.75, which was the closing price of BCO common stock on December 1, 2022, calculated in accordance with the terms of the Plan.

## Remarks:

/s/ Beth Davis, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

12/05/2022

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.