FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL								
OMB Number:	3235-0287							
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	Check this box if no longer subject to							
	Section 16. Form 4 or Form 5							
	obligations may continue. See							
	Instruction 1(b)							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	nd Address of ken Kurt	Reporting Person*					Name and		er or Trading	Symbol			Relationship of heck all applications	cable) or	g Pers	10% Ov	ner
(Last) (First) (Middle) 555 DIVIDEND DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2024							Officer (give title below) Cother (specify below) EVP, Chief Financial Officer							
(Street) COPPELL TX 75019 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)						Liı	ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date, Transaction Disposed Of (D) (Instr. 3,			d (A) or	or 5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
Table II - Deri				itive Securities Acquir						f, or Beneficial		Transact (Instr. 3 a	saction(s) r. 3 and 4)			nstr. 4)	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		ate, Tr	4. Transaction Code (Instr.		5. Number of Derivative		options, convertib		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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares		Transaction(s) (Instr. 4)	ion(s)		
Program Units	(1)	10/31/2024			A		68.82 ⁽²⁾		(1)	(1)	Common Stock	68.82	\$102.79 ⁽³⁾	2,677.	43	D	

- 1. Program 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 terms of 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
- 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 Program Units and credited to the Reporting Person's stock incentive account.
- 3. The number of Program Units credited to the Reporting Person's account on the transaction date is based upon a share price of \$102.79, 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:

/s/ Beth Davis, Attorney-in-

** Signature of Reporting Person Date

11/04/2024

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.