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UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 4

Washington, D.C. 20549

OMB APPROVAL OMB Number:

Estimated average burden

3235-0287

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

1. Title of Security (Instr. 3) 2. Transa				2A. Deemed	3.	4. Securities Acquired (A)	or	5. Amount of	6. Ownership	7. Nature	
		Table I - No	on-Derivative	Securities Acc	uired, Dis	oosed of, or Benefic	ially C	Owned			
(City)	(State)	(Zip)									
(Street) RICHMOND VA 23226		23220						Form filed by More than One Reporting Person			
					X	Form filed by One Reporting Person					
				mendment, Date of	Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
P.O. BOX 1810	0						\vdash				
1801 BAYBER	RY COURT		10/20	/2006				VP - Corp.	Fin. and Treasu	rer	
(Last) (First) (Middle)				e of Earliest Transa	ction (Month/D	- X	below)	below	v)		
						v	Officer (give ti		r (specify		
1. Name and Addre	1 0	erson*		ier Name and Ticke <u>NKS CO</u> [BC		mbol		ationship of Repo c all applicable) Director	eporting Person(s) to Issuer e) 10% Owner		
Instruction 1(b).				ant to Section 16(a) ection 30(h) of the I			h	ours per response:	0		
obligations may	continue. See							L		0	

e of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Units	(1)	10/20/2006		Α		58.69 ⁽¹⁾⁽²⁾		(1)	(1)	Common Stock	58.69(1)(2)	(1)	46,067.03 ⁽³⁾	D	
	<i></i>														

Explanation of Responses:

1. Under the terms of the Key Employees' Deferred Compensation Program (the "Program"), the Reporting Person has chosen to make bi-weekly salary deferrals to an incentive account. As of the end of each fiscal year, the amount of salary deferred to the Reporting Person?s account during that fiscal year, plus any matching amounts, is converted into Units representing shares of The Brink?s Company ("BCO") Common Stock and credited to the Reporting Person's account in accordance with the terms of the Program.

2. The number of Units credited to the Reporting Person's account on the Transaction Date is an estimate based upon trading prices of BCO shares for the two-week period ended October 20, 2006.

3. The total number of Units owned following the reported transaction is an estimate of the total number of Units representing shares of BCO in the Reporting Person's account under the Program.

Remarks:

Elizabeth C. Restivo /s/

Elizabeth C. Restivo, Attorney- 10/24/2006 in-Fact

Date

** Signature of Reporting Person

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.