Edgar Filing: Marshall McAlister C II - Form 4

Marshall M Form 4	cAlister C II						
August 03, FORN Check t if no los subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	M 4 UNITED his box nger to 16. or Section 170	MENT OF C rsuant to Sec (a) of the Pub	ECURITIES ANI Washington, D. CHANGES IN BE SECURIT tion 16(a) of the S blic Utility Holding the Investment Co	C. 20549 ENEFICIAL OV IES ecurities Exchar g Company Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	OMB Number: Expires: Estimated burden hou response	urs per
(Print or Type	Responses)						
	Address of Reporting IcAlister C II	Sy	2. Issuer Name and Tio 7mbol RINKS CO [BCO]	C C	5. Relationship o Issuer		
(Last) 1801 BAY BOX 1810	BERRY COURT	(M	Date of Earliest Trans Ionth/Day/Year) 8/01/2012	action	Director X Officer (giv below)		% Owner ter (specify
			If Amendment, Date C led(Month/Day/Year)	Driginal	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 		
(City)	(State)	(Zip)	Table I - Non-Deri	vativo Socuritios A	Person cquired, Disposed o	f or Bonoficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any	3. 4. S te, if TransactionAc	Securities quired (A) or sposed of (D) str. 3, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
Reminder: Re	eport on a separate line	e for each class	i	Persons who res	or indirectly. pond to the collect ained in this form	are not	SEC 1474 (9-02)

required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

(Instr. 3)	Price of Derivative Security	(Montl	h/Day/Year) (In	Instr. 8)	Acquired (or Dispose (D) (Instr. 3, 4, and 5)	ed of					(Insti
			Co	Code V	(A)	(D)		Expiration Date	Title	Amount or Number of Shares	
Units	<u>(1)</u>	08/01/2012	1	A	305.95 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	305.95 (2)	\$ 2

Reporting Owners

Reporting Owner Name / Address	Relationships						
I State and a state	Director	10% Owner	Officer	Other			
Marshall McAlister C II 1801 BAYBERRY COURT P.O. BOX 18100 RICHMOND, VA 23226			VP, Gen Counsel and Secretary				
Signatures							

Signatures

/s/ Elizabeth C. Restivo Elizabeth C. Restivo, Attorney-in-Fact

**Signature of Reporting Person

Date

08/03/2012

Explanation of Responses:

- 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).

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 (1) 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. On the first business day of each month, salary deferred to the Reporting Person's account during the previous month, plus any matching

(2) amounts, is converted into Units representing shares of BCO common stock and credited to the Reporting Person's account in accordance with the terms of the Program.

The number of Units credited to the Reporting Person's account on the Transaction Date is based upon a share price of \$22.95, which is (3) the average trading price of BCO common stock for the month of July 2012, calculated in accordance with the terms of the Program.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.