FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI	ΙP
---	----

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

	Check this box if no longer subject to
$\Box$	Section 16. Form 4 or Form 5
$\cup$	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

	Name and Address of Reporting Person*  Newlands William A  2. Issuer Name and Ticker or Trading Symbol  CONSTELLATION BRANDS, INC. [ STZ ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
Newidius William A												X	V Director			10% Ow	ner		
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								Officer ( below)	give title	Other (specification)		pecify		
C/O COI	NSTELLAT	TION BRANDS,	INC.		04/20/	2021							President & CEO						
207 HIG	H POINT I	DRIVE, BUILDI	NG 100																
					4. If Am	endment	, Date	e of Orig	inal File	ed (Month/Da	ay/Year)	6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)								Ü		•	, ,	Line)							
VICTOR	R N	ſΥ	14564									X	X Form filed by One Reporting Person						
													Form file Person	ed by More	than (	One Reporti	ng		
(City)	(5	State)	(Zip)									. 0.001.							
		Ta	able I - Non-	Deriva	tive S	ecuriti	es A	Acquir	ed, D	isposed	of, or Bene	ficially	Owned						
Date			2. Transa Date Month/Da	Execution Date			Co	ransacti ode (Ins	on Dispose	rities Acquired d Of (D) (Instr.		5. Amount of Securities Beneficially Owned Following		Form:	Direct I Indirect E str. 4)	7. Nature of ndirect Beneficial Ownership			
									ode V	Amount	(A) or (D)	(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., pu	ıts, ca	lls, wa	rran	ıts, op	tions	, convert	ible securi	ties)							
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/Yea	Cod	ansaction of Ex ode (Instr. Derivative (M		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Securities Uperivative S (Instr. 3 and			derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Over State of State	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
												Amount or							
				Cod	e V	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Number of Shares							
Restricted Stock Units	(1)	04/20/2021		A		6,610		05/01/2	2022 <sup>(2)</sup>	(2)	Class A Common Stock	6,610	\$0	6,610	)	D			
Non- Qualified																			

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Constellation Brands, Inc. Class A Common Stock.
- 2. These restricted stock units vest in four equal annual installments beginning on the date specified. Vested shares will be delivered to the reporting person as of each vesting date net of shares withheld to satisfy
- 3. This option becomes exercisable at the rate of 25% per year beginning on the date specified.

## Remarks:

/s/ H. Elaine Ziakas, Attorney-

04/22/2021

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.