FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
nours per response	9 10						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions

Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting MULLIN THOMAS J	2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ/STZ.B]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)					
(Last) (First) C/O CONSTELLATION BR INC., 370 WOODCLIFF DR	(Month/Day/Year) 02/28/2007						Executive VP & Gene	eral Counsel			
(Street) FAIRPORT, NY 14450	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line) _X_Form Filed by One Reporting Person _Form Filed by More than One Reporting Person					
(City) (State)	(Zip)	Tab	le I - Non-Deri	vative Sec	curities .	Acqui	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Class A Common Stock							13,681 (1)	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expiration	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	itive			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Securi	ties			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqui	red			4)			Owned at	Direct (D)		
					(A) or							End of	or Indirect		
					Dispos	sed						Issuer's	(I)		
					of (D)							Fiscal Year	(Instr. 4)		
					(Instr.	3,						(Instr. 4)			
					4, and	5)									
										Amount					
							Date Exercisable	Expiration Date	Title	or Number of					
					(A)	(D)				Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MULLIN THOMAS J C/O CONSTELLATION BRANDS, INC. 370 WOODCLIFF DRIVE, SUITE 300 FAIRPORT, NY 14450			Executive VP & General Counsel				

Signatures

H. Elaine Ziakas For: Thomas J. Mullin	04/05/2007
**Signature of Reporting Person	Date

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).
- (1) Includes shares of Class A Common Stock acquired in January 2007 under the Constellation Brands, Inc. 1989 Employee Stock Purchase

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.