### FORM 4

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

| OMB AF           | PROVAL    |
|------------------|-----------|
| OMB Number:      | 3235-028  |
| Estimated avera  | ge burden |
| hours por rospor | 0.00      |

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 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

| (Print or Typ  | e Responses   | )  |                                  |  |               |            |                        |  |     |                |   |   |                  |  |              |  |  |     |
|--|---|--|----------------------------------|--|---------------|------------|------------------------|--|-----|----------------|---|---|------------------|--|--------------|--|--|-----|
| 1. Name and Address of Reporting Person – MCDERMOTT THOMAS C                                 |   |  |                                  | 2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ] |               |            |                        |  |     |                |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner  |                  |  |              |  |  |     |
| (Last) (First) (Middle)<br>C/O CONSTELLATION BRANDS, INC., 370<br>WOODCLIFF DRIVE, SUITE 300 |   |  |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2007                  |               |            |                        |  |     |                |   |   | C                | Officer (give                          | title below) | Oth  | er (specify belo                       | ow) |
| (Street) FAIRPORT, NY 14450  |   |  |                                  | 4. If Amendment, Date Original Filed(Month/Day/Year)                         |               |            |                        |  |     |                | 6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person |   |                  |  |              |  |  |     |
| (City) (State) (Zip)   |   |  |                                  | Table I - Non-Derivative Securities Acquir                                   |               |            |                        |  |     |                | ired, Disposed of, or Beneficially Owned  |   |                  |  |              |  |  |     |
| (Instr. 3) Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year  |                                  |  | Date, if      | (Instr. 8) |                        | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  |     |                |   | Owned Following Reported<br>Transaction(s)  |                  |  | i            | Ownership<br>Form:                                       | 7. Nature<br>of Indirect<br>Beneficial |     |
|  |   |  |                                  | (Montr   | ı/Da <u>y</u> | y/Year)    | Co                     | ode V  | Amo | ount           | (A) or<br>(D)   | Price   | (Instr. 3 and 4) |  |              | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)           | Ownership<br>(Instr. 4)                |     |
| Class A C  | Common St   | tock                                       | 07/26/2007                       |  |               |            | A                      | 4  | 1,8 | 11             | A   | \$0   | 14,799           |  |              |  | D                                      |     |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if | 4.<br>Transac<br>Code  | tion          | 5. Num     | rrants ber tive ies ed | a currently valid OMB Acquired, Disposed of, or Beneficants, options, convertible securities or 6. Date Exercisable and Expiration Date (Month/Day/Year) d d |     |                | icially ies) 7. Title of Und  | 7. Title and Amount of Underlying Securities (Instr. 3 and 4)  8. Price of Derivative Security (Instr. 5)  8. Price of Derivative Security Security (Instr. 5)  8. Price of Derivative Security Security (Instr. 5) |                  |  | 9. Number    | of 10. Owners Form of Derivat Security Direct ( or Indir | Ownershi<br>(Instr. 4)<br>D)<br>ect    |     |
|  |   |  |                                  | Code   | v             | (A)        | (D)                    | Date<br>Exercisable  |     | Expira<br>Date | ntion   | Title   |                  | Amount<br>or<br>Number<br>of<br>Shares |              |  |  |     |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy)                                    | \$ 22.08  | 07/26/2007                                 |                                  | A  |               | 6,340      |                        | 01/26/20   | 008 | )7/26          | 5/2017  | Clas<br>Comi<br>Sto   | mon              | 6,340                                  | \$ 0         | 6,340  | D                                      |     |

# **Reporting Owners**

|  | Relationships |              |         |       |  |  |  |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| MCDERMOTT THOMAS C<br>C/O CONSTELLATION BRANDS, INC.<br>370 WOODCLIFF DRIVE, SUITE 300<br>FAIRPORT, NY 14450 | X             |              |         |       |  |  |  |

# **Signatures**

| By: H. Elaine Ziakas For: Thomas C. McDermott | 07/30/2007 |
|---|------------|
| **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).

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.