## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response	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 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) C/O CONSTELLATION BRANDS, INC., 370 WOODCLIFF DRIVE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 12/27/2007							Officer (give t	itle below)	Other (	specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
FAIRPORT, NY 14450 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						Acquired, I	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	8) (A) (Ins	ecurities Acquired or Disposed of tr. 3, 4 and 5)  (A) or ount (D)	(D) Owned Transa	5. Amount of Securities Beneficiall Owned Following Reported Transaction(s) (Instr. 3 and 4)		O Fi D or (I	wnership orm: Eirect (D) Corn:	7. Nature of Indirect Beneficial Dwnership Instr. 4)		
Reminder: F	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.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned														
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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)	Execution Date, if Transaction Derivative Expiration		6. Date Exerc Expiration Day/ (Month/Day/	Oate of Und V/Year) Securit		Title and Amount Underlying scurities astr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Non- Qualified Stock Option (right to buy)	\$ 22.08	12/27/2007		A <sup>(1)</sup>		6,340		01/26/2008	07/26/2017	Class 1 Common Stock	6,340	(1)	6,340	D	
Non- Qualified Stock Option (right to buy)	\$ 22.08	12/27/2007		D <sup>(1)</sup>			6,340	01/26/2008	3 07/26/2017	Class A Common Stock	6,340	(1)	0	D	

### **Reporting Owners**

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

# **Signatures**

By: H. Elaine Ziakas For: Thomas C. McDermott	12/27/2007
**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).
- The two reported transactions reflect the amendment of an outstanding option. The amendment may, for Section 16 purposes, have resulted in a deemed cancellation of the "old" option and the (1) grant of a replacement option. The option originally was exercisable for shares of Class A Common Stock and is currently exercisable for shares of Class 1 Common Stock. No other terms of the option were amended.

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.