

## INITIAL STATEMENT OF 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 Type Responses)

1. Name and Address of Reporting Person* FOWDEN JEREMY S G  (Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DR., BLDG. 100  (Street) VICTOR, NY 14564  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/01/2010	3. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ/STZ.B]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOWDEN JEREMY S G C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DR., BLDG. 100 VICTOR, NY 14564	X			

## Signatures

Jeremy S. G. Fowden		05/01/2010
<small>**Signature of Reporting Person</small>		<small>Date</small>

## Explanation of Responses:

**No securities are beneficially owned**

\* If the form is filed by more than one reporting person, see Instruction 5(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).

### Remarks:

No securities are beneficially owned.



## POWER OF ATTORNEY

**NOTICE TO PRINCIPALS IN THE STATE OF NEW YORK** : Required Pursuant To Section 5-1501B of the New York General Obligations Law Subd.1(d)(1).

**CAUTION TO THE PRINCIPAL**: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

The undersigned hereby constitutes and appoints **H. ELAINE ZIAKAS, MARK D. BURI** and **BARBARA J. LAVERDI**, each alone, as the undersigned’s true and lawful attorney-in-fact to:

- (1) Execute for and on behalf of the undersigned Forms 3, 4, and 5 (including any amendments thereto) in connection with the reporting of the undersigned’s ownership of and/or transactions in securities issued by Constellation Brands, Inc. (the “Company”) in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;
  - (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete the execution of any such Form 3, 4, or 5 (including any amendments thereto) and timely file such form with the United States Securities and Exchange Commission and any other authority; and
  - (3) take any other action in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned shall be in such form and shall contain such terms and conditions as such attorney-in-fact may deem appropriate.
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The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform all actions necessary and proper in the exercise of any of the rights and powers herein granted, with full power of substitution or revocation. The undersigned also confirms the authority of each such attorneys-in-fact to take the above-described actions with respect to any Forms 3, 4, or 5 (including any amendments thereto) heretofore executed and filed with the United States Securities and Exchange Commission on the undersigned's behalf in connection with the reporting of the undersigned's ownership of and/or transactions in securities issued by the Company. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall continue in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's ownership of and/or transactions in securities issued by the Company, unless earlier revoked in writing.

The execution of this Power of Attorney does not revoke any other power of attorney previously executed by the undersigned. To the extent permitted by law, this Power of Attorney shall not be revoked by any subsequent power of attorney the undersigned may execute, unless such power of attorney specifically provides that it revokes this Power of Attorney by referring to the date of the undersigned's execution of this Power of Attorney.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 20th day of April, 2010.

/s/ Jeremy S.G. Fowden  
Jeremy S.G. Fowden (a/k/a Jerry Fowden)

State of Florida            )  
                                  ) ss.:  
County of Hillsborough    )

On the 20th day of April in the year 2010, before me personally appeared **JEREMY S. G. FOWDEN** (a/k/a **JERRY FOWDEN**), personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

/s/ Patricia Wood  
Notary Public

[SEAL]  
PATRICIA WOOD  
MY COMMISSION # DD816304  
EXPIRES August 20, 2012  
FloridaNotaryService.com



**NOTICE TO AGENTS IN THE STATE OF NEW YORK** : Required Pursuant To Section 5-1501B of the New York General Obligations Law Subd.1(d)(2).

**IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manner: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the principal has specifically granted you that authority in this Power of Attorney or in a Statutory Major Gifts Rider attached to this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

**Liability of agent:**

The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

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AGENTS' SIGNATURES AND ACKNOWLEDGMENTS OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I, **H. ELAINE ZIAKAS**, have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here:       /s/ H. Elaine Ziakas        
Print Name: H. Elaine Ziakas

State of New York        )  
                                  ) ss.:  
County of Ontario        )

On the 28th day of April in the year 2010, before me personally appeared **H. ELAINE ZIAKAS**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

      /s/ Karen J. Cronk              [SEAL]  
Notary Public

KAREN J. CRONK  
Notary Public, State of New York  
No. 01CR4991094  
Qualified in Monroe County  
Commission Expires 1/21/2014

I, **MARK D. BURI**, have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here:       /s/ Mark D. Buri        
Print Name: Mark D. Buri

State of New York        )  
                                  ) ss.:  
County of Ontario        )

On the 28th day of April in the year 2010, before me personally appeared **MARK D. BURI**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

      /s/ Karen J. Cronk              [SEAL]  
Notary Public

KAREN J. CRONK  
Notary Public, State of New York  
No. 01CR4991094  
Qualified in Monroe County  
Commission Expires 1/21/2014



I, **BARBARA J. LAVERDI**, have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent signs here: /s/ Barbara J. LaVerdi  
Print Name: Barbara J. LaVerdi

State of New York        )  
                                  ) ss.:  
County of Ontario        )

On the 28th day of April in the year 2010, before me personally appeared **BARBARA J. LAVERDI**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

/s/ Karen J. Cronk                    [SEAL]  
Notary Public

KAREN J. CRONK  
Notary Public, State of New York  
No. 01CR4991094  
Qualified in Monroe County  
Commission Expires 1/21/2014