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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

tion 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 R Kane Thomas Michae		2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O CONSTELLATI POINT DRIVE, BUI	(First) ON BRANDS, INC	(Middle) 3	3. Date of Earliest Transaction (Month/Day/Year) 04/21/2020						Director 10% Owner X_Officer (give title below) Other (specify below) EVP & Chief HR Officer			
VICTOR, NY 14564	4	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 Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code (A) or Disposed of (D) any (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	Beneficial				
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if	Code	tion)	5. Numbo of Deriva Securities Acquired or Dispos of (D) (Instr. 3, and 5)	ative s l (A) sed	(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Non- Qualified Stock Option (right to buy)	\$ 153.02	04/21/2020		А		19,760		04/21/2021(1)	04/21/2030	Class 1 (convertible) Common Stock	19,760.00	\$ 0	19,760	D	
Restricted Stock Units	<u>(2)</u>	04/21/2020		А		2,010		05/01/2021 ⁽³⁾	<u>(3)</u>	Class A Common Stock	2,010.00	\$ 0	2,010	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kane Thomas Michael C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564			EVP & Chief HR Officer				

Signatures

/s/ H. Elaine Ziakas for Thomas M. Kane	04/23/2020
**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) This option becomes exercisable at the rate of 25% per year beginning on the date specified.

(2) Each restricted stock unit represents a contingent right to receive one share of Constellation Brands, Inc. Class A Common Stock.

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 (3) satisfy taxes.

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.