FORM 5

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

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated averag	e burden					
hours per respons	se 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 Per Hanson Robert Lee	2. Issuer Name and CONSTELLAT		~ .			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O CONSTELLATION BRAI INC., 207 HIGH POINT DRIV 100	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/28/2022					X Officer (give title below) EVP & Pres. Wine a	Other (specify band Spirits	pelow)		
(Street) VICTOR, NY 14564	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)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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	02/24/2022		G	226	D	\$ 0	5,563 (<u>1</u>)	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.

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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	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	Numl	er	and Expirati	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)	Deriv	ative	,		Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
1	Derivative				Secur	ities			(Instr	. 3 and	ì	Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Owned at	Direct (D)	` ´
	,				(A) o	r			ĺ			End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)						` ´		
										Amount				
										or				
								Expiration		Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address		Director 10% Owner Officer		Other			
Hanson Robert Lee C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564			EVP & Pres. Wine and Spirits				

Signatures

/s/ Brian S. Bennett, Attorney-in-fact	04/07/2022
**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 2022 under the Constellation Brands, Inc. 1989 Employee Stock Purchase Plan.

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.