

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

OMB APPROVAL				
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#### 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)							
Name and Address of Reporting Person*  Sands Family Foundation	2. Date of Event Requiring Statement (Month/Day/Year) 06/30/2022			3. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ]			
(Last) (First) (Middle) C/O WILDSTAR PARTNERS LLC, 110 E. ATLANTIC AVE., STE. 200			4. Relationship of Issuer (Check	f Reporting Person	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) DELRAY BEACH, FL 33444			Officer (give tit below)  Member o	le X Other (spe below)  f 10% owner grou	6. Individual or Joint/Group Filing(Check Applicable Line)		
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Se Beneficially Ow (Instr. 4)		ially Owned	1	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock 818,154		4	D				
unless the form displ	to the collect ays a currently	ion of info valid OM	ormation contained in				
Title of Derivative Security  2. Date Exercisable and Expiration Date (Month/Day/Year)  2. Date Exercisable and Expiration Date (Month/Day/Year)		e 3. Ti Secu Secu (Inst	ttle and Amount of urities Underlying Derivativ urity r. 4) Amount or Number of	4. Conversion	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
E	Cicisable Date		Shares		(Instr. 5)		

### **Reporting Owners**

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Sands Family Foundation C/O WILDSTAR PARTNERS LLC 110 E. ATLANTIC AVE., STE. 200 DELRAY BEACH, FL 33444				Member of 10% owner group

# **Signatures**

/s/ Thomas M. Farace, Secretary of Reporting Person		07/11/2022
**Signature of Reporting Person		Date

## **Explanation of Responses:**

- \* 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).

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.