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

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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).

## 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 Ty   | pe Response   | s)                                 |       |  |  |  |     |            |          |   |                               |                    |   |  |     |   |   |   |            |
|--|---|------------------------------------|-------|--|--|--|-----|------------|----------|---|-------------------------------|--------------------|---|--|-----|---|---|---|------------|
| 1. Name and Address of Reporting Person * HAUSWALD JEANANNE K                                    |   |                                    |       |  | 2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ] |  |     |            |          |   |                               | 5                  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner   |  |     |   |   |   |            |
| (Last) (First) (Middle)<br>C/O CONSTELLATION BRANDS, INC., 207<br>HIGH POINT DRIVE, BUILDING 100 |   |                                    |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/24/2014                  |  |     |            |          |   |                               | -                  | Office  | r (give title belo                             | ow) | Other (spec   | fy belo   | w)  |            |
| (Street) VICTOR, NY 14564  |   |                                    |       | 4. If  | 4. If Amendment, Date Original Filed(Month/Day/Year)                         |  |     |            |          |   |                               |                    | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm 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)   |   |                                    | Date  | nsaction<br>h/Day/Year)                          | Execu<br>any   |  |     | (Instr. 8) |          | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) |                               | Benefic<br>Reporte |   | eially Owned Following ed Transaction(s)       |     | 6.<br>Ownership<br>Form:  | ip of<br>B  | Beneficial                                |            |
|  |   |                                    |       |  | (Month/Day/Y   |  | ar) | Code       | V        | Amount  | mount (A) or (D) P            |                    | ce  | (Instr. 3 and 4)                               |     | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)  |   | Ownership<br>(Instr. 4)                   |            |
| Class A  | Common S  | ltock                              | 10/24 | 1/2014   |  |  |     | S          |          | 1,375   | D                             | \$<br>88.07        | 722   | 16,808   |     |   | D   |   |            |
|  |   |                                    |       | Table II -                                       |  |  |     | -          | the      | ntained i<br>e form di<br>Disposed                            | in this<br>splays<br>of, or I | form<br>a cui      | are<br>rrent  | not requ<br>tly valid                          |     | formation<br>spond unle<br>trol numbe   | ss  | EC 14                                     | 74 (9-02)  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transacti<br>Date<br>(Month/Day |       | 3A. Deemed<br>Execution D<br>) any<br>(Month/Day | l 4  | 4.<br>Transaction<br>Code<br>(Instr. 8)  |     | 5.         | 6. an (M | and Expiration Date<br>(Month/Day/Year)                       |                               | e A<br>U<br>S      | 7. Tit<br>Amou<br>Inder<br>Secur  | le and<br>ant of<br>rlying<br>ities<br>. 3 and |     | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire | of<br>vative<br>rity:<br>et (D)<br>direct | (Instr. 4) |
|  |   |                                    |       |  |  | Code   | V   | (A) (D     | Ex       | ate<br>xercisable   | Expira<br>Date                | ntion T            | Γitle   | Amount<br>or<br>Number<br>of<br>Shares         |     |   |   |   |            |
| Renor  | rting ()  | wners                              |       |  |  | Code   |     |            | Ex       |   |                               | ation T            | Γitle   | or<br>Number<br>of                             |     |   |   |   |            |

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| HAUSWALD JEANANNE K<br>C/O CONSTELLATION BRANDS, INC.<br>207 HIGH POINT DRIVE, BUILDING 100<br>VICTOR, NY 14564 | X             |              |         |       |  |  |  |

## **Signatures**

| /s/ H. Elaine Ziakas for Jeananne K. Hauswald | 10/27/2014 |  |  |
|---|------------|--|--|
| **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).

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.