

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | |
| Estimated average burden | | | | | | |
| nours per respons | e 0.5 | | | | | |

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* Newlands William A | 2. Date of Event I Statement (Month | | | | | 3. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ] | | | | | |
| (Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DRIVE, BUILDING 100 | 01/ | 01/26/2015 | | | Issuer (Che DirectorX Officer (giv | (Check all applicable) Director 10% OwnerX_ Officer (give title Other (speci | | | | Filed(Month/Day/Year) 01/28/2015 | |
| (Street) VICTOR, NY 14564 | | | | | | EVP & Chief Growth Office | | | A | 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) | | | | T | able I - Non-Deriv | ativ | e Secu | rities | Benefici | | |
| 1.Title of Security (Instr. 4) | 2. Amount of Sec Beneficially Own (Instr. 4) | | | | Fo (D (I) | Form: Direct (Instr. 5) (D) or Indirect | | | ure of Indirect Beneficial Ownership 5) | | |
| Reminder: Report on a separate line for each class Persons who respounless the form dis Table II - Derivati | nd to t plays a | the coll a curre | ection ntly val | of info lid OMI | rmation contained i | n thi | | | | | |
| Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | | | | Derivative 4. Conve or Exerci Price of Derivativ | | ise | 5. Owne Form of Derivati Security | ve | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Exercis | sable D | xpiration ate | Titla | Amount or Number of Shares | | (I) | | (D) or Ir (I) (Instr. 5) | | |
| Reporting Owners | | | | | | | | | | | |
| | | | | | Relationships | ionships | | | | | |
| Reporting Owner Name / Address Director | | Director | 10% Owner | O | fficer | | | Other | | | |
| Newlands William A C/O CONSTELLATION BRANDS, IN 207 HIGH POINT DRIVE, BUILDING VICTOR, NY 14564 | | | | | EVP & Chief Grov | vth C | Officer | | | | |

Signatures

| /s/ H. Elaine Ziakas for William A. Newlands | 01/28/2015 |
|--|------------|
| **Signature of Reporting Person | Date |

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. This amendment is being filed to reflect the correct "Date of Event Requiring Statement" as 1/26/2015.

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.