## FORM 4

# 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

Instruction	1(b).					mvesu	шеп	t Com	pany	y Act	01 19	40						
(Print or Type R	esponses)												- 1					
1. Name and Address of Reporting Person * Klein David Eric				(	2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ]								5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DRIVE, BUILDING 100			_	3. Date of Earliest Transaction (Month/Day/Year) 04/04/2016							Year)		X_Officer (give title below) Other (specify below)  Exec Vice Pres. & CFO					
(Street)			4	4. If Amendment, Date Original Filed(Month/Day/Year)							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					
VICTOR, N		State)	(Zip)					Table	t N	lon Do	ulvativ	o Coounitie	as A assuins	d Disposed	of an Dana	ficially Own	ad.	
		2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, if		3. Transac Code (Instr. 8)		4. Securit (A) or Dis		curities Acc Disposed 3, 4 and 5	quired 5. of (D) Or Tr	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		eneficially d	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
					(IVIO	лип/ Дау	// 1 ca		ode	V	Amou	(A) or (D)		,			or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Com	mon Stock	ζ											30	),524 (1)			D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Dec Executi any	emed ion Date	(e.g.,		etion	varrant 5. Num	s, op ber ive ies ed	6. Dat	d Expiration Date fonth/Day/Year)  of Un Secur		ities)	nd Amount lying s and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Ownershi (y: (Instr. 4)
						Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares				
Performance Share Units	(2)	04/04/2016	(3)			A		3,180		(	<u>(4)</u>	<u>(4)</u>	Class A Commo	A on 3,180	\$ 0	3,180	D	
Reportin	ng Own	iers																
							R	elations	hips									
Reporting Owner Name / Address					10%													

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Klein David Eric C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564			Exec Vice Pres. & CFO					

### **Signatures**

/s/ H. Elaine Ziakas for David Klein	04/06/2016
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 2016 under the Constellation Brands, Inc. 1989 Employee Stock Purchase Plan.
- (2) Each performance share unit represents a contingent right to receive one share of Constellation Brands, Inc. Class A Common Stock.
- (3) Represents the date that the performance criteria with respect to the performance share units was satisfied.
- (4) The performance share units vest on May 1, 2016 if the reporting person remains an employee through such date. Vested shares will be delivered to the reporting person on the vesting date net of shares withheld to 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.