FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Type	e Responses)															
1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Newlands William A				CONSTELLATION BRANDS, INC. [STZ]							Director 10% Owner X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DRIVE, BUILDING 100				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2016							Exec. Vice President					
(Street) VICTOR, NY 14564				4. If Amendment, Date Original Filed(Month/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					
(City)		(State)	(Zip)			Table	I Non i	Danizativ	o Coouniti	ing Angui	inad Dian	and a	of an Danat	fisially Owns		
1 Title of Sec	ourity		2. Transaction	2A. Deer	mad	_	nsaction	1						eneficially 6		7. Nature
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution Date, if any		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			ed (Ownership of Form:	of Indirect Beneficial	
				(Month/Day/Year)		Coc	le V	V Amount (A) or (D)		Price	or I		r Indirect	Ownership (Instr. 4)		
Class A Co	Class A Common Stock 05/01/2016					M	[2,124	A	\$ 0 (1)	2,558			1)	
Class A Common Stock 05/01/20			05/01/2016			F		658	D	\$ 156.06	1,900])		
			Table II -								Owned					
1. Title of Derivative Security 1. Title of Derivative Security 1. Title of Derivative Security 2. Date Strength Stre			4. Transac Code	s, calls, v 5. N tion of Der Sec Acc (A)	varrants Number rivative urities quired	exactive rities aired or			rities) 7. Titl of Uno	itle and Amount inderlying urities Security (Instr. 5) 8. Price of Derivative Derivative Securities Security (Instr. 5) 8. Price of Derivative Derivative Securities Security Following Following			Derivative Securities Beneficially Owned	Ownership of I Form of Ber Derivative Ow	Beneficia Ownersh (Instr. 4)	
				of (D) str. 3, 4,								Transaction((Instr. 4)		
				Code	V (A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ımber				
Restricted Stock Units	(1)	05/01/2016		М		630		(2)	(2)	Clas Com Sto	mon	630	\$ 0	1,890	D	
Restricted Stock Units	(1)	05/01/2016		М		1,494	05/01/	2016 ⁽²⁾	(2)	Clas Com Sto	mon 1	,494	\$ 0	2,986	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Newlands William A C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564			Exec. Vice President				

Signatures

/s/ H. Elaine Ziakas for William A. Newlands	05/03/2016
**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) Each restricted stock unit represents a contingent right to receive one share of Constellation Brands, Inc. Class A Common Stock.
- (2) The restricted stock units disposed of in the reported transaction vested on May 1, 2016. Vested shares are delivered to the reporting person 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.