#### FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average I	ourden						
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

1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer							
WANDELL KEITH E				CONSTELLATION BRANDS, INC. [STZ]								(Check all applicable)						
(Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DRIVE, BUILDING 100  (Street)  VICTOR, NY 14564  (City) (State) (Zip)				-							Ome	er (give	title below)		г (зреспу вею	wj		
											6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person ired, Disposed of, or Beneficially Owned					e)		
																1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year
				(Month	n/Day	y/Year)	Co	ode	V A	mount	(A) or (D)	Price	(Instr. 3 and 4)			· /	Ownership (Instr. 4)	
Class A C	Common S	tock	07/18/2017				A	4	4	81	A	\$ 0	3,882			D		
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ts, ca	5. Num	nber tive ties red	Expiration Date of (Month/Day/Year) S		7. Title and Amount 8. Price of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownersh (Instr. 4)				
				Code	V	(A)		Date Exercis	sable	Expir Date	ation	Title	or Nu of	ımber				
Non- Qualified Stock Option (right to buy)	\$ 197.18	07/18/2017		A		1,041		01/18	3/2018	3 07/1	8/2027	Clas Com: Sto	mon 1,	,041	\$ 0	1,041	D	

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WANDELL KEITH E C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564	X					

#### **Signatures**

/s/ H. Elaine Ziakas for Keith E. Wandell	07/20/2017
**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.