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* HETTERICH F PAUL			2. Issuer Name and Ticker or Trading Symbol CONSTELLATION BRANDS, INC. [STZ]					Di	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O CONSTELLATION BRANDS, INC., 207 HIGH POINT DRIVE, BUILDING 100			3. Date of Earliest Transaction (Month/Day/Year) 04/23/2018					_X_0	X Officer (give title below) Other (specify below) Exec. Vice President						
(Street) VICTOR, NY 14564			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu							lired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Yea	r) any	ition	Date, if	Code (Inst	(A) c	curities Acquire or Disposed of (2) c. 3, 4 and 5) (A) or unt (D) P		Following tion(s)	urities Beneg Reported	C F D o: (I	ownership orm: Direct (D) Tr Indirect (C)	. Nature of Indirect Beneficial Dwnership Instr. 4)
Reminder: Re	eport on a se	parate line for each of	class of securities be	neficially	y owi	ned direct	ly or	Persons w this form a	ho respond to tre not require ralid OMB cor	ed to respo	nd unles			n SEC 14	474 (9-02)
			Table II					equired, Disposed ts, options, conve							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Transaction of Code (Instr. 8) A. or of (Ii		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Non- Qualified Stock Option (right to buy)	\$ 228.26	04/23/2018		A		14,643		04/23/2019(1)	04/23/2028	Class 1 Common Stock	14,643	\$ 0	14,643	D	
Restricted Stock Units	(2)	04/23/2018		A		1,917		05/01/2019(3)	(3)	Class A Common Stock	1,917	\$ 0	1,917	D	
Report	ing Ov	vners													

Relationships

Officer

Exec. Vice President

Other

10%

Owner

Director

Signatures

HETTERICH F PAUL

VICTOR, NY 14564

/s/ H. Elaine Ziakas for F. Paul Hetterich	04/25/2018
**Signature of Reporting Person	Date

Explanation of Responses:

Reporting Owner Name / Address

C/O CONSTELLATION BRANDS, INC.

207 HIGH POINT DRIVE, BUILDING 100

* 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) This option becomes exercisable at the rate of 25% per year beginning on the date specified.
- (2) Each restricted stock unit represents a contingent right to receive one share of Constellation Brands, Inc. Class A Common Stock.
- (3) These restricted stock units vest in four equal annual installments beginning on the date specified. Vested shares will be delivered to the reporting person as of each 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.