| FORM | 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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 Responses) | | | | | | | | | | | |
|---|---------------------------------------|--|--|---|------|-----------|---|---|-------------------------------|--|-------------------------|
| 1. Name and Address of R Daniels Jennifer | (| 2. Issuer Name and CONSTELLATI | | | | STZ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director10% Owner | | | | |
| (Last) C/O CONSTELLATI HIGH POINT DRIVE | · · · · · · · · · · · · · · · · · · · | NC., 207 | 3. Date of Earliest Transaction (Month/Day/Year) 07/16/2019 | | | | | | Officer (give title below)Oth | er (specify belo | w) |
| VICTOR, NY 14564 | 4 | 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 - N | on-D | erivative | Securitie | ired, Disposed of, or Beneficially Owne | d | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if any | on Date, if Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | Transaction(s) | | of Indirect Beneficial | | |
| | | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | X Y | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--------------------------|---|------|----------|--|-----------------------|---|--------------------|--|--|--------------------------------------|--|--|------------|
| Security | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ion) | 5. Num of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | ive es ed ed | 6. Date Exercisab Expiration Date (Month/Day/Year | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | | Exercisable | Expiration Date | | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$ 197.88 | 07/16/2019 | | A | | 1,289 | | 01/16/2020 | 07/16/2029 | Class 1 Common Stock | 1,289 | \$ 0 | 1,289 | D | |
| Restricted Stock Units | <u>(1)</u> | 07/16/2019 | | А | | 517 | | 07/01/2020 ⁽²⁾ | (2) | Class A Common Stock | 517 | \$ 0 | 517 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Daniels Jennifer C/O CONSTELLATION BRANDS, INC. 207 HIGH POINT DRIVE, BUILDING 100 VICTOR, NY 14564 | Х | | | | | | |

Signatures

| /s/ H. Elaine Ziakas for Jennifer M. Daniels | 07/18/2019 |
|--|------------|
| 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) All of these restricted stock units vest on the date specified. Vested shares will be delivered to the reporting person as of the vesting date.

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.