## Edgar Filing: Burwick David A - Form 4/A

Burwick Day	vid A										
Form 4/A											
January 04, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	SIAIES		shington,			INGE C	01/11/1155101N	OMB Number:	3235-0287	
Check this box if no longer <b>STATEMENT OF CHAN</b>				NGES IN BENEFICIAL OWNERSHIP OF					Expires: January 3 200		
subject to STATEMENT OF CHAIN Section 16. Form 4 or				SECURITIES					Estimated average burden hours per response 0.5		
Form 5 obligatio	-						-	e Act of 1934,		0.0	
may cont	inue. Section 17			tility Holo vestment	•	· ·	•	1935 or Section	l		
See Instru 1(b).	uction	50(II)	or the m	ivestillent	Compa	IY AC	1 01 194	0			
(Print or Type I	Responses)										
Burwick David A Symbol				2. Issuer Name <b>and</b> Ticker or Trading mbol OSTON BEER CO INC [SAM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			BOSTO								
(Last)	(First)	(Middle)		f Earliest Tr	ransaction			Director	10%	Owner	
			01/02/2	nth/Day/Year) )2/2019				Officer (give title Other (specify			
	', INC., ONE DI LACE, SUITE 8							below) Presi	below) dent and CEO		
	(Street)		4. If Ame	endment, Da	ate Origina	1		6. Individual or Joi	int/Group Filin	g(Check	
			/onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BOSTON, N	MA 02210		01/03/2	.019				Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		n Date, if	Code (Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class A Common	01/02/2019			S <u>(1)</u>	291 <u>(2)</u>	D	\$ 235.14	65,128 <u>(3)</u>	D		

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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

S

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Burwick David A C/O THE BOSTON BEER COMPANY, INC. ONE DESIGN CENTER PLACE, SUITE 850 BOSTON, MA 02210			President and CEO				
Signatures							
Michael G. Andrews under POA for the benefit Burwick	of David	А.	01/04/2019				
**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).
- The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on (1) November 5, 2018.
- The Reporting Person is filing this amendment to the Form 4 originally filed on January 3, 2019 (this "Amendment") to correct the (2) number of option shares with an exercise price of \$235.14 exercised and sold by the reporting person on 1/3/2019 from 289 to 291.
- (3) The shares reported include 63,453 shares of restricted stock subject to vesting conditions.

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.