FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

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* Smalla Frank H.					BOS	Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM] Date of Earliest Transaction (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner 10% Owner					
(Last)	(Fi	rst) (Middle)			02/23/2016										Officer (give title below)		Other (below)	specify	
C/O THI										Chief Financial Officer										
ONE DESIGN CENTER PLACE, SUITE 850						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	N M	Α ()2210													Line) X Form filed by One Reporting Pe Form filed by More than One Re Person				
(City)	(St	tate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Exe if a	. Deemed ecution Date, iny onth/Day/Year)		Transaction Dispose Code (Instr. and 5)			ities Acq d Of (D) (5. Amor Securiti Benefic Owned	es ially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	t (A) or (D)		Price	Reporte Transac	Following Reported Transaction(s) (Instr. 3 and 4)		ir. 4)	(Instr. 4)					
Class A Common 02/23/20						016			A ⁽¹⁾		5,201	5,201 ⁽¹⁾ A		\$ <mark>0</mark>	5,201(1)			D		
			Table						uired, Dis , options,						/ned					
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. Transact Code (In 8)	ion of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: y Direct (D or Indire (I) (Instr.	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership		
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or	ount mber ires						
Class A Common Stock Option	\$192.26	02/23/2016			A		44,837		02/23/2019 ⁽²	02	2/22/2026	Class A Commor Stock	44,	,837	\$0	44,837		D		

Explanation of Responses:

- 1. The shares reported comprise of 5,201 shares of restricted stock subject to vesting conditions, all of which were granted as a restricted stock award on the transaction date pursuant to the Issuer's Employee Equity Incentive Program. The shares will vest in three equal installments, on February 23 in the years 2017 through 2019, provided that the Reporting Person remains employed by the Issuer on the applicable vesting dates.
- 2. The option will vest in five equal installments, on February 23 in the years 2019 through 2023, provided that the Reporting Person remains employed by the Issuer on the applicable vesting date.

Remarks:

Kathleen H. Wade under POA for the benefit of Frank H. 02/ Smalla

** Signature of Reporting Person

 $\underline{02/24/2016}$

Date

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

- * 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.

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 Number.