FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|--------------------------|----------------------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response | 0.5 | | | | | | | | |

| 1. Name and Address of R URICH WILLIAM F | eporting Person [*] | 2. Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|------------------------------|--|--|--|--|--|--|
| (Last) (First) C/O THE BOSTON BEER (INC., ONE DESIGN CENT SUITE 850 | • | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2008 | Director 10% Owner X Officer (give title below) (specify below) Chief Financial Officer | | | | |
| (Street) BOSTON, MA X1 (City) (State) | 02210 (Zip) | 4. If Amendment, Date of 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 | | | | |

| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|---|--|-----------------|---------------------|---|--|------------------|-------|---|--|---|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, | Transaction Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code | V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | or Indirect (I) (Instr. 4) | (Instr. 4) | | |

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|--|---|--|---|------------------------------------|---|-----|---|---------------------|--------------------|-------------------|---|--|--|--|--|
| 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. Transac Code (Instr. 8 | ransaction Number of Code Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate Underlying | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Purchase | \$ 22.59 | 01/24/2008 | | A | | 774 | | (1) | (1) | Class A Common | 774 | \$ 22.59 | 774 | D | |

Explanation of Responses:

1. Restricted Stock Purchase pursuant to the Investment Share Program under the issuer's Employee Equity Incentive Plan, shares vest 20% over 5 years from date of purchase, so that of the 774 shares, 154 shares will vest on 1/1/09 and 155 shares will vest on 1/1/10, 1/1/11, 1/1/12 and 1/1/13, provided that the Reporting Person is an employee of the Company on the vesting date.

William F. Urich

** Signature of Reporting
Person

Out/25/2008

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.