FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB AF	OMB APPROVAL								
OMB Number:	3235-0287								
Estimated average	ge burden								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Lysyj Lesya					2. Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM]									(Ch	eck all app Direc	or	ig Pers	son(s) to Iss 10% O Other (wner
(Last) (First) (Middle) C/O THE BOSTON BEER COMPANY, INC. ONE DESIGN CENTER PLACE SUITE 850			03/	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2021										X Officer (give title Ot below) be Chief Marketing Office				. ,	
(Street) BOSTOI			02210 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) <mark>X</mark> Form Form	ividual or Joint/Group Filing (Check Applicable 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. Transac Date (Month/Date)				Execution Date,					ities Acquired (A) d Of (D) (Instr. 3,			Benefic	es ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	Amount (A) or (D)		Price	Transa (Instr. 3	tion(s)	on(s)		(111511.4)
Class A Common 03/01			1/2021					A		238 ⁽¹⁾ A S		\$0.00	0 4,572 ⁽²⁾			D			
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)	privative conversion or Exercise Price of Derivative Security Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Transa Code (of Derivative (M Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp (Mc	Date Exercisable and piration Date onth/Day/Year) te		or Num of		Amount or Number	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

\$1,028.71

1. Represents a grant of Restricted Stock Units ("RSUs") under the Issuer's Restated Employee Equity Incentive Plan ("EEIP"). The RSUs will vest in four equal installments over a four year period, provided that the Reporting Person remains employed by the Issuer on the applicable vesting date.

03/01/2023(3)

02/28/2031

2. The shares reported include 4,412 shares of restricted stock subject to vesting conditions. A total of 160 restricted shares vested on the Transaction Date.

A

3. The Performance-Based Stock Options were granted pursuant to the Issuer's EEIP. The extent to which the options may become exercisable will be dependent upon the Company achieving certain compounded annual growth rate targets based on net revenue growth in Fiscal Year 2022 over Fiscal Year 2020. The determination of the eligibility for vesting of these options will be made by the Compensation Committee before March 1, 2023.

Remarks:

Stock Options

(Right to Buy)

Michael G. Andrews under
POA for the benefit of Lesya
Lysyi

03/02/2021

** Signature of Reporting Person Date

544

\$1,028.71

D

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).

03/01/2021

** 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.