## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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 <sup>*</sup> Geist John C				ssuer Name <b>and</b> Tic OSTON BEE	0	•	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O THE BOSTON BEER COMPANY, INC.				Date of Earliest Trar /04/2016	saction (Month	/Day/Year)	x			er (specify			
ONE DESIGN CENTER PLACE				f Amendment, Date	of Original File	d (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON, MA (City)	X1 (State)	02210 (Zip)					X	Form filed by One Form filed by Mor Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1 Title of Security (Instr. 3) 2 Transaction			Fransaction	2A. Deemed	3	4. Securities Acquired (	red (A) or 5. Amount of 6. Owner			7. Nature			

### 1. Title of Security (Instr. 3) 2. Transaction 4. Securities Acquired (A) or 6. Ownership 7. Nature Disposed Of (D) (Instr. 3, 4 and Execution Date. Transaction Securities Form: Direct of Indirect Date (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Beneficial (Month/Day/Year) 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) or Code v Price Amount Transaction(s) (D) (Instr. 3 and 4) **M**<sup>(1)</sup> 03/04/2016 Class A Common \$95.09(1) 7,838(2) D 7,251 A **S**<sup>(1)</sup> Class A Common 03/04/2016 \$200<sup>(1)</sup> **587**<sup>(2)</sup> D 7,251 D

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3) Price of Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Class A Common Stock Option	\$95.09	03/04/2016		M <sup>(1)</sup>			7,251	01/01/2016 <sup>(3)</sup>	12/31/2020	Class A Common		\$0	40,000	D	

## Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 9, 2015.

2. The shares reported include 437 shares of restricted stock subject to vesting conditions.

3. The option vests in five installments; the first vested on January 1, 2016. The remaining installments will vest on January 1 in each of the years 2017-2020, provided that the Reporting Person remains employed by the Issuer on the applicable vesting dates.

### **Remarks:**

Kathleen H. Wade under POA

for the benefit of John C. Geist

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.