FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	

OMB APPRO	OVAL								
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)

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* <u>Lysyj Lesya</u>						2. Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O THI	`	rst) BEER COMPA	(Middle) NY, INC.			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2020 X Officer (give title below) Chief Marketing											Other (s below) Officer	specify			
ONE DESIGN CENTER PLACE SUITE 850						f Ame	andment	Date	of Or	riginal Eil	od (Month/Da	6 Inc	6. Individual or Joint/Group Filing (Check Applicable							
(Street) BOSTON MA 02210				_ - -	4. If Amendment, Date of Original Filed (Month/Day/Year)										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)												. 0.00.	•					
		Tab	le I - Non	-Deriv	vativ	e Se	curitie	s A	cqui	ired, D	isp	osed o	f, or B	ene	ficiall	y Owned	l				
1. Title of Security (Instr. 3) 2. Trans Date (Month/					ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		e, -	3. Transacti Code (Ins 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code V	,	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Class A Common 03/01/)1/202	/2020				A		640(1)	(1) A S		\$0.00	5,5	5,565 ⁽²⁾		D		
		-	Γable II - I (sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (I		of Deriva Securi Acquir (A) or Dispos of (D)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Date Exercisable and piration Date lonth/Day/Year)			7. Title : Amoun Securiti Underly Derivati (Instr. 3	of es ing ve Se		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		expiration	Title	O N O	umber						
Stock Options (Right to buy)	\$370.9	03/01/2020			A		1,669		03/0	1/2022 ⁽³⁾	02	2/28/2030	Class A		1,669	\$0.00	1,669		D		

Explanation of Responses:

- 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.
- 2. The shares reported include 5,565 shares of restricted stock subject to vesting conditions.
- 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 2021 over Fiscal Year 2019. The determination of the eligibility for vesting of these options will be made by the Compensation Committee before March 1, 2022.

Remarks:

Michael G. Andrews under

POA for the benefit of Lesva

<u>Lysyj</u>

** Signature of Reporting Person

Date

03/02/2020

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.