FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	200-0

Washington, D.C. 20	J549	
STATEMENT OF CHANGES IN BE	ENEFICIAL (OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	age hurden								

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).

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* Fisher Cynthia A							2. Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM]								Relationship eck all appl X Direct	icable)	ng Pei	rson(s) to Is		
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Office below	r (give title		Other (s below)	specify		
186 PARK STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEWTON MA 02458															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication													
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Tabl	e I - Noi	า-Deriv	ative \$	Sec	uritie	s Ac	quired,	Dis	osed	of, or B	ene	eficial	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)						Execution Date,			, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			Benefic Owned	es Forr ally (D) of Following (I) (II		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Transad (Instr. 3	tion(s)			(Instr. 4)	
Class A Common 05/17/2						2023		A ⁽¹⁾		204	204 A S		\$0.0	0 901 ⁽²⁾			D			
		Ta							uired, Di s, option						/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transac Code (Ir 8)	ction Number E			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 (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	or Nu of	umber						
May 17, 2023 Stock Option	\$319.16	05/17/2023			A ⁽³⁾		417		05/17/2023	05	/16/2033	Class A Common		417	\$0.00	417		D		

Explanation of Responses:

- 1. On May 17, 2023, the Issuer granted 204 RSUs to the Reporting Person under the Issuer's Equity Plan for Non-Employee Directors. The shares will vest in full on the first anniversary of the grant date, provided that the non-employee Director remains a member of the Board of Directors as of that date.
- 2. The shares reported include 204 shares of restricted stock subject to vesting conditions.
- 3. On May 17, 2023, the Issuer granted 417 option shares to the Reporting Person under the Issuer's Equity Plan for Non-Employee Directors. The option shares are immediately exercisable, subject to the Company's Director Stock Ownership and Retention Guidelines.

Remarks:

Michael G. Andrews under POA for the benefit of Cynthia 05/18/2023 A. Fisher

** Signature of Reporting Person 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.