FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinigton,	D.C. 20343

	OMB APPROVAL										
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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).

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* KOCH C JAMES					2. Issuer Name and Ticker or Trading Symbol BOSTON BEER CO INC [SAM]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
		BEER COMPA		0		3. Date of Earliest Transaction (Month/Day/Year) 02/20/2020								X Officer (give title Other (specify below) Chairman						
(Street) BOSTON			4. 1	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								
(City)	(Sta		Zip)	n Doriv	/ativ/	- Soo	uritio	- A c	· auir	od [Nichocod (Popofic	cially Owned							
1. Title of Security (Instr. 3)		2. T	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	oirect I direct I direct I	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		tion(s)			Instr. 4)	
Class A C	ommon		0	2/20/20	20				S ⁽¹⁾		3,170	D	\$415.0	02(2)	63,3	351 ⁽³⁾	D			
Class A C	ommon														44,	,248	I	1	By LLC nanaged by spouse	
Class A C	ommon														23,	,486	Ι	1	Custodian For children inder UGTMA	
Class A C	ommon														69,	,245	I]]]	By Foundation managed by Reporting Person	
Class A C	ommon														5,	000	I		By Trust as Гrustee	
Class A C	ommon														3,1	656	I	i (By spouse as custodian for children under UGTMA	
Class A C	ss A Common												2,532		I	l i	By spouse n trust for children			
		Та									posed of, , convertil				Owned					
Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivativ		ative rities ired osed	Expiration Date (Month/Day/Year)		Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di or	o. wnership orm: irect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exer	cisabl	Expiration e Date	Title	Amoun or Numbe of Shares	r						

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 14, 2019.
- 2. The price shown is the weighted average sale price for the transactions reported on this line. The range of sale prices for the 3,170 shares is from \$415.00 to \$416.00. The Filing Person will provide full

information regarding the number of shares sold at each separate price upon request of the SEC, the Registrant, or a shareholder of the Registrant.

3. The shares reported include 343 shares of restricted stock subject to vesting conditions.

Remarks:

Michael G. Andrews under POA for the benefit of Koch C. 02/21/2020 <u>James</u>

** 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.