Edgar Filing: BOSTON BEER CO INC - Form 4

BOSTON B	EER CO INC									
Form 4										
July 15, 200	5									
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OMB	3235-0287	
Check th	uis box		Washington	, D.C. 20	549			Number:		
	if no longer							Expires:	January 31, 2005	
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average			
Section 1 Form 4 c		SECURITIES						burden hours per		
Form 5		nursuant to	Section 16(a) of th	e Securi	ties F	Tychange	Act of $103/$	response	0.5	
obligatio	ons Section	^	Public Utility Hol			•		ı		
may con <i>See</i> Instr	unue.		of the Investment	•	- ·	•		•		
1(b).	uction	()			- ,		-			
(Print or Type	Responses)									
	Address of Report	2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
KOCH C JA	AMES		Symbol	GO D 40			155001			
			BOSTON BEER	CO INC	SA	M	(Check	c all applicable)	
(Last)	(First)	(Middle)	3. Date of Earliest T	ransaction						
		D	(Month/Day/Year)				X Director X Officer (give	X10%	Owner r (specify	
	SOSTON BEE		07/13/2005				below)	below)	(specify	
STREET	Y, 75 ARLINO	TON					(Chairman		
STREET										
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON	MA, X1 02116	ń					Form filed by M			
200101.,1		,					Person			
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction I	Date 2A. Deen	ned 3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye			on(A) or Di	•		Securities	Ownership	Indirect	
(Instr. 3)		any (Month/F	Code Day/Year) (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(Wond)/L	(msu. 0)				Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(IIISu: 3 aliu 4)			
Class A	07/13/2005		S	5,000	D	\$	80,291	Ι	Note 1 (1)	
Common						22.505				

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KOCH C JAMES C/O THE BOSTON BEER COMPANY 75 ARLINGTON STREET BOSTON, MA, X1 02116	Х	Х	Chairman			
Signatures						
Kathleen H. Wade under POA for the benefit of C. James 07/						
**Signature of Reporting Person	Date					

Explanation of Responses:

- * 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).
- (1) Reflects 32,456 shares held by Reporting Person's children and shares held by a limited liability company in which the children of the Reporting Person have a pecuniary interest, but to which the Reporting Person disclaims any beneficial ownership.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.