Edgar Filing: BOSTON BEER CO INC - Form 4

BOSTON B	EER CO INC										
Form 4											
November 2											
FORM	14 united	STATE:	SECU	DITIES A	ND EV		NCE C	OMMISSION	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							UNINISSION	OMB Number:	3235-0287		
Check th	nis box		vva	sinington	, D.C. 20	JJ47				January 31,	
if no long	- NIATHI	MENT O	F CHAN	IGES IN	BENEF	ICIA	LOWN	ERSHIP OF	Expires:	2005	
	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per				
Form 4 c							response	s per 0.5			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934.										
obligatio may con								1935 or Section	ı		
See Instr		30(h)	of the Ir	vestment	Compar	ny Ac	ct of 1940	0			
1(b).											
(Print or Type]	Deemongee										
(Fint of Type)	Kesponses)										
1. Name and A	Address of Reporting	Person *	2 Issue	r Name and	I Ticker or	r Tradi	no	5. Relationship of	Reporting Pers	on(s) to	
URICH WILLIAM F Symbol					i iiaui	0	Issuer				
5				ON BEER	CO INC	C [SA	.M]				
(Last)	(First)	(Middle)		f Earliest T		-	,	(Check	c all applicable)	
(2450)	(1100)	(11111111)	(Month/I					Director	10%	Owner	
427 SOUTH STREET 11/29/20				-				X_Officer (give titleOther (specify			
								below) Chief F	below) Financial Office	er	
	(Street)		1 If Ame	andment D	ate Origin	-1		6 Individual or Io	int/Group Filin	g(Check	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
					,			_X_ Form filed by O			
NEEDHAM	4,MA, X1 02492							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	T 1			G	•.•		D (* • 1)		
							-	iired, Disposed of		-	
1.Title of Security	2. Transaction Dat (Month/Day/Year)			3. Transactiv	4. Securi			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(Wonth/Day/Tear)	any	li Date, li	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct Benef		
(Month/Day/Yea			Day/Year)	(Instr. 8)	. ,		, ,	Owned	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(111501.4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class A	11 100 1000 0						\$	200	D		
Common	11/29/2006			М	200	А	15.835	200	D		
Class A											
Common	11/29/2006			S	200	D	\$ 36	0	D		

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.

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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)	a 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	Derivati	ttive ties red sed 3, 4,	6. Date Exerc Expiration Da (Month/Day/	Date	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. F Der Sec (Ins
				Code V	(A) (J	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 15.835	11/29/2006		М	2	200	<u>(1)</u>	09/07/2013	Class A Common	125,000	\$ 1

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
URICH WILLIAM F 427 SOUTH STREET NEEDHAM,MA, X1 02492			Chief Financial Officer				
Signatures							

William F.	11/29/2006		
Urich	111_2/1_0000		
<u>**</u> 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) Of this option grant, 25,000 shares will vest on 9/8/07 and 9/8/08.

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.