Edgar Filing: MOLSON COORS BREWING CO - Form 4

| MOLSON C Form 4 April 05, 201 | OORS BREWIN | G CO | | | | | | | | |
|--|--|------------------|---|--|--|----------|---|--|--|---------------------|
| | | | | | | | | | OMB AF | PROVAL |
| Wa | | | | RITIES AND EXCHANGE C ashington, D.C. 20549 | | | | OMMISSION | OMB Number: | 3235-0287 |
| Check thi if no long | | | | ~~~~ | | | | | Expires: | January 31, 2005 |
| subject to Section 1 | ENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | NERSHIP OF | Estimated average burden hours per | | |
| obligations may continue Section 17(a) of the Public Utility | | | | | (a) of the Securities Exchange Act of 1934, ity Holding Company Act of 1935 or Section estment Company Act of 1940 | | | | | 0.5 |
| (Print or Type R | Responses) | | | | | | | | | |
| WALKER SAMUEL D Symbol | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | ON COORS BREWING CO | | | | (Check all applicable) | | |
| (Last) (First) (Middle) 3. Date of (Month/D 1801 CALIFORNIA STREET, 04/01/20 SUITE 4600 | | | - | | | | Director 10% Owner Officer (give title Other (specify below) below) below) Chief People & Legal Officer | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| DENVER, C | CO 80202 | | | | | | | _X_ Form filed by O Form filed by M Person | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | ned | 3. Transactio Code (Instr. 8) | 4. Securi | ties Ad | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of |
| Class B Common Stock | 04/01/2016 | | | Code V F <u>(1)</u> | Amount 1,347 | (D) D | Price \$ 96.95 | (Instr. 3 and 4) 35,700 | 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.

 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 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 | | | | | | |
|---|---------------|-----------|---------------------------------------|-------|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | |
| WALKER SAMUEL D 1801 CALIFORNIA STREET, SUITE 4600 DENVER, CO 80202 | | | Chief People & Legal Officer | | | | |
| Signatures | | | | | | | |

| Kathleen M. Kirchner, by Power of | 04/05/2016 | | |
|-----------------------------------|------------|--|--|
| Attorney | 04/03/2010 | | |
| **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) Represents shares of Class B common stock withheld by the issuer to cover tax withholding obligations for the reporting person upon the vesting of the restricted stock units previously granted to the reporting person.

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.