Edgar Filing: BOSTON BEER CO INC - Form 4

BOSTON BE	EER CO INC											
Form 4												
March 05, 20	14											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this					Expires:	January 31,						
if no long subject to	ENT OF	CHANGES IN BENEFICIAL OWN						NERSHIP OF	Estimated a	2005		
Section 16	ó.			SECU	JRI	TIES				burden hou		
	Form 4 or							response	•			
Form 5 obligation	-							-	ge Act of 1934,			
may conti				•		•	• •		f 1935 or Sectio	n		
See Instru	ction	30(n) o	i the inv	estme	nt C	Company	Act	OI 194	40			
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Lim Ai-Li			2. Issuer Name and Ticker or Trading						5. Relationship of Reporting Person(s) to Issuer			
LIIII AI-LI		Symbol BOSTON BEER CO INC [SAM]										
		BOSION BEEF					[SAN	vi j	(Check all applicable)			
(Last)	(First) (M		B. Date of			nsaction				100		
				nth/Day/Year)					Director 10% Owner X_ Officer (give title Other (specify			
C/O THE BOSTON BEER 03/04/2 COMPANY, 1 DESIGN CENTER				04/2014					below) below)			
PLACE, STI		121							V.P. of	Human Resour	ces	
ŕ	(Street)	/	I If Amen	dment	Date	Original			6 Individual or I	oint/Group Filin	ng(Check	
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
					,				_X_ Form filed by			
BOSTON, M	IA 02210								Form filed by M Person	More than One Re	eporting	
(City)	(State) (A	Zip)	Table	I - Noi	1-De	rivative S	lecurit	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	· · · · · ·						Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/D)	Code /Day/Year) (Instr. 8)			Disposed	· ·	/	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(INDIAN DA	iy/ I cal)	(Instr. 8) (Instr. 3, 4 and 5)			5)	Following		(Instr. 4)		
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msu. 5 and 4)			
Class A Common	03/04/2014			G	V	33	D	\$0	748 (1)	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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Lim Ai-Li C/O THE BOSTON BEER COMPANY 1 DESIGN CENTER PLACE, STE. 850 BOSTON, MA 02210			V.P. of Human Resources			
Signatures						
Kathleen H. Wade under POA for the ben	efit of Ai-	·Li				
Lim			03/05/2014			
**Signature of Reporting Person			Date			
Explanation of Respons	ses:					

* 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) The amount of securities beneficially owned includes 337 restricted shares under the Issuer's employee equity incentive plan.

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.