

BOSTON BEER CO INC  
Form 4  
August 12, 2013

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Fisher Cynthia A

(Last) (First) (Middle)  
186 PARK STREET  
(Street)

NEWTON, MA 02458

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
BOSTON BEER CO INC [SAM]

3. Date of Earliest Transaction (Month/Day/Year)  
08/08/2013

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |   |
| Class A Common                  | 08/08/2013                           |  | G <sup>(1)</sup>               | V 22,756 D  | \$ 0 0  | I  | In trust under GRAT                                   |
| Class A Common                  | 08/08/2013                           |  | G <sup>(1)</sup>               | V 14,292 A  | \$ 0 27,437   | I  | By LLC managed by Reporting Person <sup>(2)</sup>     |
| Class A Common                  |                                      |  |                                |   | 23,486  | I  | By spouse as custodian for children under             |

| Class          | Quantity | Code | UGTMA   |
|----------------|----------|------|---|
| Class A Common | 3,656    | I    | UGTMA Custodian for children under UGTMA          |
| Class A Common | 2,532    | I    | As trustee in trust for children                  |
| Class A Common | 44,248   | I    | By LLC managed by Reporting Person <sup>(3)</sup> |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|
|  |  |                                      |  | Code                           | V (A) (D)   | Date Exercisable   | Expiration Date   | Title                                      | Amount or Number of Shares   |

## Reporting Owners

| Reporting Owner Name / Address                          | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| Fisher Cynthia A<br>186 PARK STREET<br>NEWTON, MA 02458 | X             |           |         |       |

## Signatures

Kathleen Wade under POA for the benefit of Cynthia A.  
Fisher

08/12/2013

\_\_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).

- This transaction involved the transfer of: (1) 8,464 shares from a Grantor Retained Annuity Trust managed by the Reporting Person to
- (1) direct ownership by the Reporting Person's spouse; and (2) 14,292 shares from the Grantor Retained Annuity Trust to an LLC managed by the Reporting Person. The Reporting Person disclaims beneficial ownership of any shares held by the LLC.
  - (2) The shares are held by West Summit Grand LLC, a limited liability company managed by the Reporting Person. The Reporting Person expressly disclaims beneficial ownership of the securities except to the extent of her pecuniary interest therein.
  - (3) The shares are held by an LLC managed by the Reporting Person and owned by Trusts established for the benefit of the Reporting Person's children and the Reporting Person's spouse's children. The Reporting Person is the Trustee or Co-Trustee for each Trust.

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.