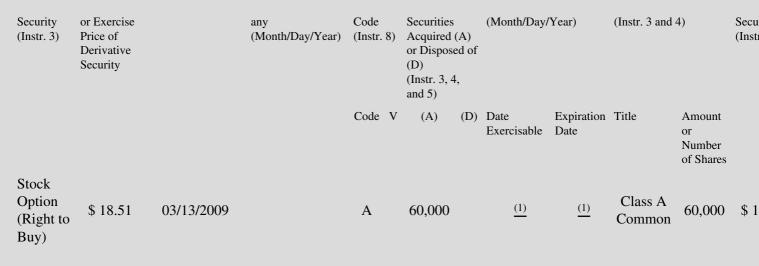
## Edgar Filing: Lance Thomas W - Form 4

Form 4 March 17, 2009	V									
	1							OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> 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							Estimated burden hou response	urs per	
(Print or Type Respo	onses)									
1. Name and Addre Lance Thomas	2. Issuer Name <b>and</b> Ticker or Trading Symbol BOSTON BEER CO INC [SAM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O THE BOST COMPANY, IN CENTER PLAC	FON BEER IC., ONE DE			of Earliest T Day/Year) 2009	ransaction		Director X Officer (give below)	109	% Owner her (specify	
				4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	ransaction Date nth/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	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)	
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforr requi	ons who re nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owned securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Securities	Deriv

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Lance Thomas W C/O THE BOSTON BEER COMPANY, INC. ONE DESIGN CENTER PLACE, SUITE 850 BOSTON, MA, X1 02210			VP Operations			
Signatures						
Kathleen H. Wade under POA for the benefit of Lance	Thomas	W.	03/17/2009			
<b>**</b> 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).

Reporting person?s right to exercise this option and the number of shares eligible to vest is contingent on the Company achieving sustainable reductions in cost that will be in effect for the Company?s 2011 fiscal year, the determination of which will be made by the Compensation Committee of the Board of Directors on or before 3/1/2011. The option will lapse as to any shares initially subject to the

(1) Compensation Committee of the Board of Directors on of before 3/1/2011. The option will tapse as to any shares initially subject to the option but as to which the Compensation Committee determines that the required reductions in cost were not achieved. So long as the reporting person continues to be employed by the Company as of each vesting date, the option will become incrementally exercisable as to 33 1/3% of the eligible shares on 3/1/2011, 3/1/3012 and 3/1/3013.

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.