## MOLSON COORS BREWING CO

Form 4

March 06, 2014

## FORM 4

Check this box

if no longer

Section 16.

subject to

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

OMB ....

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**OMB APPROVAL** 

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5 Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 or
Form 5
obligations
may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person \*

White Celso	2. Issuer Name and Ticker or Trading Symbol MOLSON COORS BREWING CO [TAP]					Issuer  (Check all applicable)						
(Last)	(First) (1	Middle)	3. Date of (Month/D	Earliest Tr	ansaction			Director Officer (give	titleOthe	Owner er (specify		
1225 17TH STREET, SUITE 3200			03/04/2014					below) below) Chief Supply Chain Officer				
DENVER, CO 80202		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
DENVER,						Form filed by More than One Reporting Person						
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d 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)			
Class B Common Stock	03/04/2014			A(1)	237	A	\$ 0	7,523	D			
Class B Common Stock	03/04/2014			F(2)	696	D	\$ 56.92	6,827	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date		Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	or Title Number of			
						Exercisable					
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

White Celso L. **1225 17TH STREET SUITE 3200** DENVER, CO 80202

Chief Supply Chain Officer

## **Signatures**

Kathleen M. Kirchner, by Power of Attorney

03/06/2014

\*\*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).
- Represents shares of Class B common stock issued to the reporting person in exchange for performance units (PUs) granted on **(1)** 3/4/11 under the Molson Coors Brewing Company Incentive Compensation Plan. The PUs vested in accordance with their terms upon the achievement of certain specified performance goals applicable to such PUs.
- Represents shares of Class B common stock withheld in lieu of cash payment for applicable taxes, including (1) 76 shares withheld in connection with the vesting of PUs issued to the reporting person on 3/4/11 as reported in this Form 4; and (2) 620 **(2)** shares withheld in connection with the vesting of previously reported Restricted Stock Units issued to the reporting person on

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.

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