#### Larson Thomas Dean Form 3 July 06, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **INITIAL STATEMENT OF 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 A Person <u>*</u> Larson T			2. Date of Event Require Statement (Month/Day/Year)	e 5. 155der 1 (diff	3. Issuer Name and Ticker or Trading Symbol CRAFT BREWERS ALLIANCE, INC. [hook]					
(Last)	(First)	(Middle)	07/01/2011		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
ONE BUSCH PLACE (Street) ST. LOUIS, MO 63118				X Director Officer	(Check all applicable) <u>X</u> Director 10% Owner Officer Other (give title below) (specify below)		6. Individual or Joint/Group			
(City)	(State)	(Zip)	Table 1	I - Non-Derivat	ive Securitie	s Beneficial	<b>Beneficially Owned</b>			
1.Title of Secu (Instr. 4)	rity			int of Securities (ally Owned )	Ownership	4. Nature of In Ownership (Instr. 5)	direct Beneficial			
Reminder: Rep owned directly	or indirectly. Perso inforn requir	ns who respond to respo	nch class of securities ber pond to the collection ained in this form are and unless the form d MB control number.	n of not	EC 1473 (7-02)					
ï	fable II - Dei	rivative Secu	rities Beneficially Owne	ed ( <i>e.g.</i> , puts, calls,	warrants, opti	ons, convertib	le securities)			
1. Title of Deri (Instr. 4)	vative Securi	Expir	ration Date Sec /Day/Year) Dex	Fitle and Amount of curities Underlying rivative Security	4. Conversion or Exercise Price of	- · · · · <b>r</b>	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

# **Reporting Owners**

Reporting Owner Name / Address	Relationships									
1 0	Director	10% Owner	Officer	Other						
Larson Thomas Dean ONE BUSCH PLACE ST. LOUIS, MO 63118	ÂX	Â	Â	Â						
Signatures										
/s/Edwin A. Smith, by Power of Attorney for Thomas Dean Larson										
<u>**</u> Signature of R	Date									

## **Explanation of Responses:**

No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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.