## Edgar Filing: Landtmeters Frederic - Form 4

Landtmeters	Frederic										
Form 4											
November 20											
FORM 4 UNITED STATES SECURITIES AND EXCH							NCEC	OMMISSION	OMB APPROVAL		
-	UNITE	USIAILS		ITTES AND EXCHANGE COMMISSIO Ishington, D.C. 20549					OMB Number:	3235-0287	
Check thi	is box		vv az	mington,	D.C. 20	547				January 31	
if no long		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1	)			SECURITIES					Estimated average burden hours per		
Form 4 o									response 0.		
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,			
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Con	npany	Act of	1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Drint or Type I	Desmanaes)										
(Print or Type F	(esponses)										
1. Name and A	ddress of Reportir	19 Person *	2 Iccue	er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to			
Landtmeters		.g - enson _	Symbol		TICKEI UI	Traun	ig	Issuer			
				SON COORS BREWING CO				(Check all applicable)			
			[TAP]								
(Last)	(First)	(Middle)	3 Date of	Earliest Tr	ansaction			Director	10%	Owner	
(Month/D						Officer (give title Other (specify					
			11/16/20	-				below) below) Pres&CEO, Molson Coors Canada			
SUITE 4600	)							Tresacelo,		Cunudu	
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				onth/Day/Year)				Applicable Line)			
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
DENVER, O	CO 80202							Person	lore than One Ke	porting	
(City)	(State)	(Zip)	Tahl	e I - Non-D	erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned	
1 7:41 f	2 T	-4- 24 D					-			-	
1.Title of Security	2. Transaction D (Month/Day/Yea	n Date, if	3. Transactio	4. Securi on(A) or Di			5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)		any	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially (D) o Owned Indire		Beneficial		
		(Month/I						Indirect (I)	•		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class B							¢				
Common	11/16/2018			F(1)	413	D	\$ 64.74	10,466	D		
Stock							04.74				

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,	5	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Landtmeters Frederic 1801 CALIFORNIA STREET, SUITE 4600 DENVER, CO 80202			Pres&CEO, Molson Coors Canada			
Signatures						
/s/ Kathleen M. Kirchner, by Power of Attorney	11	/20/2018				
**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).
- (1) Represents shares of Class B common stock withheld by the issuer to cover tax withholding obligations for the reporting person upon the vesting of restricted stock units previously granted to the reporting person.

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.