

] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Glendinning S	Stewart					LSON	CC	00	RS	BF	REV	VI	NG C	O	.			100/ 0	
					[TAP]									Director 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									X Officer (give title below) Other (specify				r (specify	
															below) Pres&CE	O Mols	on Coors	Canada	
1225 17TH STREET, SUITE 3200					3/7/2014									TESCE	0, 111015	on Coors	Canada		
(Street)					4. If Amendment, Date Original Filed										6. Individual or Joint/Group Filing (Check Applicable Line)				
					(MM/DD/YYYY)														
DENVER, CO	80202																		
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
															r orm me	d by More	шап опе кер	orting rerso.	
		Table	I - Non-	Deriv	ati	ive Secur	ities	s Ac	cquii	red	, Dis	po	sed of,	or E	Beneficially	y Owned	l		
1. Title of Security				2. Tra	ns.	2A.	3. Tr								mount of Secu			6.	7. Nature
(Instr. 3)				Date		Deemed Execution	Code (Inst				sposed of (D) : 3, 4 and 5)				ned Following tr. 3 and 4)	Reported 11	ransaction(s)		of Indirect Beneficial
						Date, if	,	Ť	÷		1(4)			1	,			Direct (D)	
						any					(A) or							or Indirect (I) (Instr.	(Instr. 4)
							Coc	de '	V An	noun	t (D)		Price					4)	
Class B Common Stock 3/7/					014		A	.	46	36	A	\$0.	.0000 (1)		91943			D	
				•		•	•		'					•				•	
Tab	le II - Dei	rivative	Securiti	ies Be	ne	ficially C)wn	ed (e.g.	, p	uts,	cal	lls, war	rant	ts, options,	convert	ible secur	rities)	
1. Title of Derivate	2.		3A.	4. Trai	ans. 5. Number		of	6. Date Exercisable and Expiration Date				7. Title and A				9. Number	10. 11 Ownership of	11. Nature	
Security (Instr. 3)	or Exercise Price of Execution Date, if				r. 8) Securities Acquired (A) of			ana	Expir	ration Date		Securities Un Derivative Se			derivative Securities	Form of Derivative	Beneficial Ownership		
				`									(Instr. 3 and 4)						(Instr. 5)
Derivative any Security					Disposed of (D) (Instr. 3, 4 and											Beneficially Owned	Security: (Direct (D)	(Instr. 4)	
	Security				- 1	5)											Following	or Indirect	
								Date	e.	E	xpirat	ion			amount or		Reported Transaction	(I) (Instr.	
				Code	$ _{V} $	(A)	(D)		rcisab		ate		Title		Number of Shares		(s) (Instr. 4)	'	
Employee Stock		2/7/2014			H	(/	(-)			+			Class B	-					
Option (Right to	\$58.24	3/7/2014		A		14085			(2)	3	/7/202	24	Commo		14085	\$0.0000	14085	D	
Buy)					Ш								Stock						

Explanation of Responses:

- (1) The reporting person received a restricted stock unit grant under the Company's Incentive Compensation Plan, which will vest in full on March 7, 2017.
- (2) The stock options vest and become exercisable in three equal annual installments beginning on March 7, 2015.

Reporting Owners

reporting owners											
Paparting Owner Name / Addr	200	Relationships									
Reporting Owner Name / Addre	Director	10% Owner	Officer	Other							
Glendinning Stewart											
1225 17TH STREET			 Pres&CEO, Molson Coors Canada								
SUITE 3200			Tresecto, Wolson Coors Canada								
DENVER, CO 80202											

Signatures

Kathleen M. Kirchner, by Power of Attorney

3/11/2014

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.