# MOLSON COORS BREWING CO

### FORM 3/A

(Amended Statement of Beneficial Ownership)

## Filed 3/8/2005 For Period Ending 2/9/2005

Address P.O. BOX 4030, MAIL #NH375

GOLDEN, Colorado 80401

Telephone 303-277-3271

CIK 0000024545

Industry Beverages (Alcoholic)
Sector Consumer/Non-Cyclical

Fiscal Year 12/28





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

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# 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

1. Name and Address of Reporting Persons  *  Noonan Cathy	Statement			3. Issuer Name and Ticker or Trading Symbol  MOLSON COORS BREWING CO [TAP.A; TAP]					
•	4 Relation	ship of Repor	rting Person(s	to Issuer (	Check all an	nlicable)			
(Last) (First) (Middle)	4. Kelation	iship of Repor	ting rerson(s	s) to issue! (	Check an ap	рпсавіс)			
C/O MOLSON COORS	Directo	or	_	10% Owner	r				
BREWING COMPANY, 311		er (give title belov		Other (specify below)					
10TH STREET, NH311 (Street)		Global Chief Synergies Officer /  5. If Amendment, Date 6. Individual or Joint							
(Succe)		iled (MM/DD/Y`		6. Individual or Joint/Group Filing (Check Applicable Line)					
GOLDEN,CO 80401-0300	8	_ X _ Form filed by One Reporting Person							
		Form filed by More than One Reporting Person							
(City) (State) (Zip)	2/.	18/2005							
	Table I - N	Jon-Derivativ	ve Securities	Beneficially	v Owned				
1.Title of Security (Instr. 4)		2. Amour	nt of Securitie	es 3. Owno Form (D) o Indire	3. 4.1		Nature of Indirect Beneficial vnership str. 5)		
Table II - Derivative Secu	rities Renefi	cially Owned	l(eg nute		·	s convertib	le securities)		
1. Title of Derivate Security	2. Date Exer		3. Title and	•		5.	6. Nature of Indirect		
(Instr. 4)	Expiration I	Date	Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise Price of	Ownership Form of Derivative	Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)			
Employee Stock Option (right to buy)	2/9/2005	5/17/2011	Class B Common Stock	1350	\$50.08	D			
Employee Stock Option (right to buy)	2/9/2005	5/9/2012	Class B Common Stock	2520	\$81.89	D			
Employee Stock Option (right to buy)	2/9/2005	5/2/2013	Class B Common Stock	5400	\$71.92	D			
Employee Stock Option (right to buy)	2/9/2005	5/12/2014	Class B Common	5400	\$69.98	D			

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		1		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security: Security Direct (D) or Indirect (I) (Instr. 5)		
			Stock				
Class B exchangeable shares of Molson Coors Canada Inc.	2/9/2005	(1)	Class B Common Stock	<b>12352</b> (3)	(2)	D	

#### **Explanation of Responses:**

- (1) The Class B exchangeable shares are redeemable by a subsidiary of Molson Coors Brewing Company at any time after February 9, 2045, for Molson Coors Brewing Company Class B Common Stock or, for non-affiliates only, the equivalent value in cash.
- (2) The shares are convertible on a 1-for-1 basis.

This amendment is being filed to reflect an additional 157 Class B exchangeable shares of Molson Coors Canada Inc. delivered in

(3) exchange for shares of Molson Inc. automatically purchased on behalf of the Reporting Person through the Molson Employee Stock Purchase Plan in January 2005.

Rep	orting	O	wners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Noonan Cathy C/O MOLSON COORS BREWING COMPANY 311 10TH STREET, NH311 GOLDEN, CO 80401-0300			Global Chief Synergies Officer			

#### **Signatures**

Annita Menogan as agent for Cathy Noonan

3/8/2005

\*\* Signature of Reporting
Person

Date

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 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.

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.

EXHIBIT 24

#### LIMITED POWER OF ATTORNEY

- I, Catherine Noonan, the undersigned, do hereby make, constitute and appoint each of ROBERT REES
- (1) prepare, execute, acknowledge, deliver and file Forms 3, 4, and 5 (including any amendme
- (2) seek or obtain, as my representative and on my behalf, information on transactions in th
- (3) perform any and all other acts which in the discretion of such attorney-in-fact are nece

#### I further acknowledge that:

- (1) this Power of Attorney authorizes, but does not require, each such attorney-in-fact to a
- (2) Any documents prepared and/or executed by any such attorney-in-fact on my behalf pursuan

(3) neither the Company nor any of such attorneys-in-fact assumes (i) any liability for the (4) this Power of Attorney does not relieve me from responsibility for compliance with my ob I, the undersigned, do hereby give and grant each of the foregoing attorneys-in-fact full power This Power of Attorney shall remain in full force and effect until revoked by me in a signed wri IN WITNESS WHEREOF, I have caused this Power of Attorney to be executed as of this 7th day of Fe

/s/ Catherine Noonan

Signature

Catherine Noonan Print Name

CITY OF TORONTO )
PROVINCE (STATE) of ONTARIO )

On this 7th day of February, 2005, Cathy Noonan personally appeared before me, and acknowledged IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

/s/ Kelly Leigh Brown Notary Public

My Commission Expires: N/A

#### **End of Filing**

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