FORM 5

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
[] Form 3 Holdings Reported
[X] Form 4 Transactions Reported

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

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ANNUAL STATEMENT OF CHANGES IN 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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *			2. Iss	uer Nam	e and Tick	er or Tra	adir	ıg Sy	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
COORS PETER H			MO [TA]		COORS	BREV	VI	NG	X Director	X 10% Owner			
(Last) (First) (Middle)					or Issuer's		ear	End	Deficer (give title below)X Other (specify below)				
1225 17TH ST	REET,	SUITE 3200)		12/31/2	2009				Chairman of the Board			
(Street)				Amendm D/YYYY)	ent, Date C	riginal l	File	d	6. Individual or Joint/Group Filing (Check Applicable Line)				
DENVER, CO (City)	80202 (State)	(Zip)								X Form Filed by One Reporting Por Form Filed by More than One Rep		ın	
			Derivativ	e Securi	ities Acqui	red. Dis	spos	sed o	of, or l	Beneficially Owned	ording 1 crso	<u></u>	
1.Title of Security			2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)	4. Securities 5. A Acquired (A) or Follo				Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)		7. Nature of Indirect Beneficial Ownership		
				any		Amount	(A) or (D)	Price	:		or Indirect (I) (Instr. 4)	(Instr. 4)	
Class B Common Stock	k		5/18/2009		F4 ⁽¹⁾	4519	D	\$0		459867 ⁽²⁾	D		
Class B Common Stock	k									21445988	I	by Adolph Coors Company LLC	
Class A Common Stock	k									2520000	I	by Adolph Coors Jr Trust	
Class B Common Stock	k									130000	I	by Marilyn E Coors, as Trustee of the Peter H Coors Grantor Retained Annuity Trust	
Class B Common Stock										1064	I	by spouse	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security			(Instr. 8)	Derivativ	ve s l (A) or l of (D)	and Expiration Date (MM/DD/YYYY)		Secui		Derivative Security (Instr. 5)	of Derivative Securities Beneficially Owned at	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Issuer's Fiscal Year (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

- (1) These shares were withheld at issuance in lieu of cash payment for applicable taxes on shares issued pursuant to restricted stock units granted on 5/18/06, which vested on 5/18/09.
- (2) The amount indicated in Column 5 of Table I represents the total amount of securities beneficially owned following the transaction, which would have been reported had a Form 4 been originally filed to report the transaction. The reporting person subsequently exercised and held vested options due to expire 1/3/10 and 2/17/10, as reported in his Form 4s filed on 9/15/09 and 9/11/09. Currently, the reporting person beneficially and directly owns 537,126 shares of Class B Common Stock.

Reporting Owners

Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
COORS PETER H 1225 17TH STREET SUITE 3200 DENVER, CO 80202	X	X		Chairman of the Board					

Signatures

Samuel D. Walker, by Power of Attorney

** 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 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.