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

**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**
   HERINGTON CHARLES M
   P.O. BOX 4030, NH353
   GOLDEN, CO 80401

2. **Issuer Name and Ticker or Trading Symbol**
   MOLSON COORS BEVERAGE CO [TAP]

3. **Date of Earliest Transaction (MM/DD/YYYY)**
   12/31/2020

4. **If Amendment, Date Original Filed (MM/DD/YYYY)**

5. **Relationship of Reporting Person(s) to Issuer (Check all applicable)**
   - [X] Director
   - ____ 10% Owner
   - ____ Officer (give title below)
   - ____ Other (specify below)

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B Common Stock</td>
<td>12/31/2020</td>
<td>A</td>
<td>277</td>
<td>A</td>
<td>$0.0000</td>
</tr>
</tbody>
</table>

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### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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### Explanation of Responses:

1. The reporting person received a deferred stock unit grant in lieu of director cash compensation. The deferred stock units vest in full upon the reporting person's termination as a director.

### Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>HERINGTON CHARLES M P.O. BOX 4030 NH353 GOLDEN, CO 80401</td>
<td>Director 10% Owner Officer Other</td>
</tr>
</tbody>
</table>

**Signatures**

/s/ Eric Gunning, by Power of Attorney 1/4/2021

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**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.