

SWINBURN PETER S
Form 4/A
February 02, 2005

FORM 4

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

OMB APPROVAL

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

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
SWINBURN PETER S

2. Issuer Name and Ticker or Trading Symbol
COORS ADOLPH CO [RKY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
C/O ADOLPH COORS
COMPANY, 311 10TH STREET,
NH 500

3. Date of Earliest Transaction
(Month/Day/Year)
12/31/2004

____ Director
____ Officer (give title below) 10% Owner
____ Other (specify below)
President of a key subsidiary

(Street)
GOLDEN, CO 80401

4. If Amendment, Date Original Filed(Month/Day/Year)
01/04/2005

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Ownership (Instr. 4)
				(A) or (D)	Price		
Class B Common Stock (non-voting) (2)	12/31/2004	12/31/2004	A(2)	3,325	A \$ 75.855 3,325	D	

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.

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(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)
Employee Stock Option (right to buy)	(1)			Code V (A) (D)		Date Exercisable (1) Expiration Date (1)	Title Class B Common Stock	Amount or Number of Shares (1)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SWINBURN PETER S C/O ADOLPH COORS COMPANY 311 10TH STREET, NH 500 GOLDEN, CO 80401				President of a key subsidiary

Signatures

Annita Menogan as agent for Peter S.
Swinburn
Date 02/02/2005

__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) The Reporting Person owns 55,000 options with various exercise prices and various expiration dates.

(2) PLEASE NOTE THAT THE ONLY CHANGES REFLECTED IN THIS AMENDMENT TO FORM 4 IS TO CORRECT THE TRANSACTION CODE. THE PREVIOUSLY FILED FORM 4 INDICATING A TRANSACTION CODE OF "I" FOR THIS TRANSACTION WAS INCORRECTLY STATED AND SHOULD HAVE REFLECTED TRANSACTION CODE "A" FOR STOCK GRANTS AWARDED PURSUANT TO RULE 16b-3(d).

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.