MONDAVI ROBERT CORP Form SC 13D/A December 22, 2004

#### SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### **SCHEDULE 13D/A**

(Rule 13d-101)

# INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULE 13d-1(a) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2(a)

### THE ROBERT MONDAVI CORPORATION

(Name of Issuer)

### CLASS A COMMON STOCK, NO PAR VALUE

(Title of Class of Securities)

609200100 (CUSIP Number)

Michael K. Beyer, Esq.
The Robert Mondavi Corporation
7801 St. Helena Hwy.
P.O. Box 106

Oakville, California 94562
(Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

#### **December 22, 2004**

(Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition that is the subject of this Schedule 13D, and is filing this schedule because of Rule 13d-1(e), 13d-1(f) or 13d-1(g), check the following box .  $\circ$ 

*Note*. Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. *See* Rule 13d-7 for other parties to whom copies are to be sent.

The information required on the remainder of this cover page shall not be deemed to be [filed] for the purpose Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act.

### CUSIP No. 609200100

13D

Page 2 of 11 Pages

| 1  | 1 NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |                   |                                      |  |  |
|--|--|-------------------|--------------------------------------|--|--|
|  | Robert G. M  | Robert G. Mondavi |                                      |  |  |
| 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP |  |                   |                                      |  |  |
|  | (a) x<br>(b) o   |                   |                                      |  |  |
| 3  | SEC USE ONLY   |                   |                                      |  |  |
| 4  | SOURCE OF I  | FUNI              | os —                                 |  |  |
|  | 00   |                   |                                      |  |  |
| 5  | CHECK BOX<br>TO ITEM 2(d)  |                   |                                      |  |  |
|  | 0  |                   |                                      |  |  |
| 6  | CITIZENSHIP OR PLACE OF ORGANIZATION   |                   |                                      |  |  |
|  | United State   | es                |                                      |  |  |
|  | -  | 7                 | SOLE VOTING POWER                    |  |  |
|  | R OF SHARES<br>EFICIALLY<br>'NED BY<br>REPORTING<br>ERSON<br>WITH                          |                   | О                                    |  |  |
|  |  | 8                 | SHARED VOTING POWER                  |  |  |
|  |  |                   | 0                                    |  |  |
|  |  | 9                 | SOLE DISPOSITIVE POWER               |  |  |
|  |  |                   | 0                                    |  |  |
|  |  | 10                | SHARED DISPOSITIVE POWER             |  |  |
|  |  |                   | 0                                    |  |  |
| 11   | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON                               |                   |                                      |  |  |
|  | 0  |                   |                                      |  |  |
| 12   | 12 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES                   |                   |                                      |  |  |
| 13   | PERCENT OF   | CLA               | SS REPRESENTED BY AMOUNT IN ROW (11) |  |  |
|  | 0.0%   |                   |                                      |  |  |
|  |  |                   |                                      |  |  |

| 14 | TYPE OF REPORTING PERSON |
|----|--------------------------|
|    | IN                       |

### CUSIP No. 609200100

### 13D

### Page 3 of 11 Pages

| 1      | NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |                    |                          |  |
|--------|--|--------------------|--------------------------|--|
|        | Timothy J. Mondavi   |                    |                          |  |
| 2      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (a) x (b) o                            |                    |                          |  |
| 3      | SEC USE ONLY   |                    |                          |  |
| 4      | SOURCE OF I  | SOURCE OF FUNDS OO |                          |  |
| 5      | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e)   |                    |                          |  |
| 6      | CITIZENSHIP  | OR I               | PLACE OF ORGANIZATION    |  |
|        | United Stat  | es                 |                          |  |
|        |  | 7                  | SOLE VOTING POWER        |  |
|        |  |                    | 0                        |  |
|        | R OF SHARES<br>FICIALLY  | 8                  | SHARED VOTING POWER      |  |
| EACH F | NED BY<br>REPORTING  |                    | 0                        |  |
|        | ERSON<br>VITH  | 9                  | SOLE DISPOSITIVE POWER   |  |
|        |  |                    | 0                        |  |
|        |  |                    | SHARED DISPOSITIVE POWER |  |
|        |  |                    | 0                        |  |
| 11     |  |                    |                          |  |

|    | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON          |   |
|----|---|---|
|    | 0   |   |
| 12 | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES | o |
| 13 | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)                    |   |
|    | 0.0%  |   |
| 14 | TYPE OF REPORTING PERSON  |   |
|    | IN  |   |

### CUSIP No. 609200100

#### 13D

#### Page 4 of 11 Pages

| 1    | NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |       |  |  |
|------|--|-------|--|--|
|      | Marcia Mondavi Borger  |       |  |  |
| 2    | 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP                                       |       |  |  |
|      |  | (a) x |  |  |
|      |  | (b) o |  |  |
| 3    | SEC USE ONLY   |       |  |  |
| 4    | SOURCE OF FUNDS  |       |  |  |
|      | 00   |       |  |  |
| 5    | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e)   |       |  |  |
| 6    | CITIZENSHIP OR PLACE OF ORGANIZATION   |       |  |  |
|      | United States  |       |  |  |
| BENE | ER OF SHARES EFICIALLY VNED BY REPORTING  7 SOLE VOTING POWER 0                          |       |  |  |

|         | I   |                |   |
|---------|---|----------------|---|
|         | ERSON   | 8              | SHARED VOTING POWER   |
|         | WITH  |                | 0   |
|         |   | 9              | SOLE DISPOSITIVE POWER  |
|         |   |                | 0   |
|         |   | 10             | SHARED DISPOSITIVE POWER  |
|         |   |                | 0   |
| 11      | AGGREGATE   | AMO            | OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  |
|         | 0   |                |   |
| 12      | CHECK BOX I   | F TH           | E AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN   |
|         | SHAKES  |                | 0   |
| 13      | PERCENT OF  | CLA            | SS REPRESENTED BY AMOUNT IN ROW (11)  |
|         | 0.0%  |                |   |
| 14      | TYPE OF REP   | ORT            | NG PERSON   |
|         | IN  |                |   |
|         |   |                |   |
|         |   |                |   |
|         |   |                |   |
|         |   |                |   |
|         |   |                |   |
| CUSIP N | No. 609200100   |                | Page 5 of 11 Pages  |
|         |   |                | 13D 1 age 3 of 11 1 ages  |
| 1       | NAME OF REI   |                |   |
| 1       | NAME OF REI   | PORT           | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)   |
| 1       | NAME OF REI   | PORT<br>FICA   | TING PERSONS  |
| 2       | I.R.S. IDENTII Ted W. Hall  | PORT<br>FICA   | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY) OPRIATE BOX IF A MEMBER OF A GROUP              |
|         | I.R.S. IDENTII Ted W. Hall  | PORT<br>FICA   | ING PERSONS<br>ΓΙΟΝ NOS. OF ABOVE PERSONS (ENTITIES ONLY)   |
|         | I.R.S. IDENTII Ted W. Hall  | PORT<br>FICA'  | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) x      |
| 3       | I.R.S. IDENTIFE Ted W. Hall CHECK THE A SEC USE ONL               | PORTFICA' APPR | ING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) x (b) o |
| 2       | I.R.S. IDENTIFE Ted W. Hall CHECK THE A  SEC USE ONL  SOURCE OF F | PORTFICA' APPR | ING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) x (b) o |
| 3       | I.R.S. IDENTIFE Ted W. Hall CHECK THE A SEC USE ONL               | PORTFICA' APPR | ING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) x (b) o |

|   | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e) |  |  |  |  |
|---|--|--|--|--|--|
| 6   | CITIZENSHIP OR PLACE OF ORGANIZATION   |  |  |  |  |
|   | United State   | United States                                    |  |  |  |
|   |  | 7  | SOLE VOTING POWER                                |  |  |
|   |  |  | 0  |  |  |
|   | R OF SHARES<br>EFICIALLY   | 8  | SHARED VOTING POWER                              |  |  |
| EACH I  | NED BY<br>REPORTING  |  | 0  |  |  |
|   | ERSON<br>WITH  | 9  | SOLE DISPOSITIVE POWER                           |  |  |
|   |  |  | 0  |  |  |
|   |  | 10   | SHARED DISPOSITIVE POWER                         |  |  |
|   |  |  | 0  |  |  |
| 11  | AGGREGATE  | AMO  | OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON |  |  |
|   | 0  |  |  |  |  |
| 12 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CI SHARES |  | IE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN | o  |  |  |
| 13 PERCENT OF CLASS REPR  |  | CLA  | SS REPRESENTED BY AMOUNT IN ROW (11)             |  |  |
|   |  |  |  |  |  |
| 14  | TYPE OF REP  | ORT  | ING PERSON                                       |  |  |
| IN  |  |  |  |  |  |

### CUSIP No. 609200100

### 13D

### Page 6 of 11 Pages

| NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |
|--|
| Gregory M. Evans   |

| 2          | CHECK THE  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (a) x |   |  |  |  |
|------------|--|---|---|--|--|--|
| 3          | SEC USE ONI  | SEC USE ONLY  |   |  |  |  |
| 4          | SOURCE OF I  | TINI  | os  |  |  |  |
|            | 00   | CIVI  | 75  |  |  |  |
| 5          | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e) |   |   |  |  |  |
| 6          | CITIZENSHIP  | OR I  | PLACE OF ORGANIZATION                                 |  |  |  |
|            | United State   | es  |   |  |  |  |
|            | NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH                      |   | SOLE VOTING POWER 0                                   |  |  |  |
| BENE<br>OW |  |   | SHARED VOTING POWER 0                                 |  |  |  |
| PI         |  |   | SOLE DISPOSITIVE POWER  0                             |  |  |  |
|            |  |   | SHARED DISPOSITIVE POWER 0                            |  |  |  |
| 11         | AGGREGATE  | AM  | L<br>OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON |  |  |  |
|            | 0  | 0   |   |  |  |  |
| 12         | 12 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES               |   |   |  |  |  |
| 13         | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)                                     |   |   |  |  |  |
|            | 0.0%   | .05=  | NVG DEDGOV  |  |  |  |
| 14         | TYPE OF REP  | ORT   | ING PERSON  |  |  |  |
| 1114       |  |   |   |  |  |  |

### CUSIP No. 609200100

### 13D

### Page 7 of 11 Pages

| 1  |   |                | TING PERSONS<br>TION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |  |  |
|----|---|----------------|--|--|--|
|    | Adrian Bella  | Adrian Bellamy |  |  |  |
| 2  | 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP                    |                |  |  |  |
|    |   |                | (a) x  |  |  |
| 3  | GEG LIGE ON   | (b) o          |  |  |  |
| 3  | SEC USE ONI   | L Y            |  |  |  |
| 4  | SOURCE OF FUNDS   |                |  |  |  |
|    | 00  |                |  |  |  |
| 5  | CHECK BOX   | IF DI          | SCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT         |  |  |
|    | TO ITEM 2(d)  |                |  |  |  |
|    |   |                | · ·  |  |  |
| 6  | CITIZENSHIP   | OR             | PLACE OF ORGANIZATION                                      |  |  |
|    | United States   |                |  |  |  |
|    | •   | 7              | SOLE VOTING POWER  |  |  |
|    | R OF SHARES<br>EFICIALLY<br>NED BY<br>REPORTING<br>ERSON<br>WITH      |                | 0  |  |  |
|    |   | 8              | SHARED VOTING POWER  |  |  |
|    |   |                | 0  |  |  |
| PE |   | 9              | SOLE DISPOSITIVE POWER                                     |  |  |
|    |   |                | 0  |  |  |
|    |   | 10             | SHARED DISPOSITIVE POWER                                   |  |  |
|    |   |                | 0  |  |  |
| 11 | AGGREGATE   | I<br>E AM      | OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON           |  |  |
|    |   |                |  |  |  |
| 12 |   |                |  |  |  |
| 12 | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES |                |  |  |  |
|    |   |                | 0  |  |  |
| 13 | PERCENT OF  | CLA            | SS REPRESENTED BY AMOUNT IN ROW (11)                       |  |  |
|    |   |                |  |  |  |
| ı  | •   |                |  |  |  |

|    | 0.0%                     |  |  |  |  |
|----|--------------------------|--|--|--|--|
| 14 | TYPE OF REPORTING PERSON |  |  |  |  |
|    | IN                       |  |  |  |  |

### CUSIP No. 609200100

### 13D

### Page 8 of 11 Pages

| 1      | NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |      |  |
|--------|--|------|--|
|        | Frank E. Farella   |      |  |
| 2      | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a)                                     |      |  |
|        |  |      |  |
| 3      | SEC USE ONLY   |      |  |
| 4      | SOURCE OF I  | FUNE | OS .   |
|        | 00   |      |  |
| 5      | CHECK BOX<br>TO ITEM 2(d)  |      | SCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT<br>e) |
|        |  |      | O  |
| 6      | CITIZENSHIP  | OR I | PLACE OF ORGANIZATION                                    |
|        | United State   | es   |  |
|        |  | 7    | SOLE VOTING POWER  |
|        |  |      | 0  |
| BENE   | OF SHARES<br>FICIALLY  | 8    | SHARED VOTING POWER                                      |
| EACH R | NED BY<br>REPORTING  |      | 0  |
|        | RSON<br>VITH   | 9    | SOLE DISPOSITIVE POWER                                   |
|        |  |      | 0  |
|        |  |      | SHARED DISPOSITIVE POWER                                 |
|        |  |      | 0  |

| 11 | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON          |   |
|----|---|---|
|    | 0   |   |
| 12 | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES | 0 |
| 13 | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)                    |   |
|    | 0.0%  |   |
| 14 | TYPE OF REPORTING PERSON  |   |
|    | IN  |   |

### CUSIP No. 609200100

#### 13D

#### Page 9 of 11 Pages

| 1    | NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|
|      | Anthony Greener  |  |  |  |  |  |  |
| 2    | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP   |  |  |  |  |  |  |
|      | (a) x  |  |  |  |  |  |  |
|      | (b) o  |  |  |  |  |  |  |
| 3    | SEC USE ONLY   |  |  |  |  |  |  |
| 4    | SOURCE OF FUNDS  |  |  |  |  |  |  |
|      | 00   |  |  |  |  |  |  |
| 5    | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e)   |  |  |  |  |  |  |
| 6    | CITIZENSHIP OR PLACE OF ORGANIZATION   |  |  |  |  |  |  |
|      | United Kingdom   |  |  |  |  |  |  |
| BENE | R OF SHARES FICIALLY NED BY REPORTING  7 SOLE VOTING POWER 0                             |  |  |  |  |  |  |

|         | <u>-</u>   |                   |  |
|---------|--|-------------------|--|
| F       | PERSON<br>WITH   | 8                 | SHARED VOTING POWER  |
|         | WIIII  |                   | 0  |
|         |  | 9                 | SOLE DISPOSITIVE POWER   |
|         |  |                   | 0  |
|         |  | 10                | SHARED DISPOSITIVE POWER   |
|         |  |                   | 0  |
| 11      | AGGREGATE  | AMO               | OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON   |
|         | 0  |                   |  |
| 12      |  | FTH               | E AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN  |
|         | SHARES   |                   |  |
|         |  |                   |  |
| 13      | PERCENT OF   | CLA               | SS REPRESENTED BY AMOUNT IN ROW (11)   |
|         | 0.0%   |                   |  |
| 14      | TYPE OF REP  | ORT               | NG PERSON  |
|         |  |                   |  |
|         | IN   |                   |  |
| CUSIP   | IN<br>No. 609200100  |                   | 13D Page 10 of 11 Pages  |
|         | No. 609200100  |                   |  |
| CUSIP I | No. <b>609200100</b><br>NAME OF REI  | PORT              | 13D Page 10 of 11 Pages TING PERSONS TION NOS. OF ABOVE PERSONS (ENTITIES ONLY)                            |
|         | No. <b>609200100</b><br>NAME OF REI  | PORT              | ING PERSONS  |
|         | No. <b>609200100</b> NAME OF REI I.R.S. IDENTII Phillip Gree                                   | PORT              | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP                |
| 1       | No. <b>609200100</b> NAME OF REI I.R.S. IDENTII Phillip Gree                                   | PORT              | ING PERSONS<br>FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  |
| 1       | No. <b>609200100</b> NAME OF REI I.R.S. IDENTIFE Phillip Grees CHECK THE A                     | PORTICATION       | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) 5         |
| 2       | No. <b>609200100</b> NAME OF REI I.R.S. IDENTII Phillip Gree                                   | PORTICATION       | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) 5         |
| 2       | No. <b>609200100</b> NAME OF REI I.R.S. IDENTIFE Phillip Grees CHECK THE A                     | PORTEICA  APPR  Y | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) 7 (b) (c) |
| 2       | No. 609200100  NAME OF REI I.R.S. IDENTII  Phillip Greet  CHECK THE A  SEC USE ONL             | PORTEICA  APPR  Y | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) 7 (b) (c) |
| 2 3     | No. 609200100  NAME OF REI I.R.S. IDENTIFE Phillip Green CHECK THE A  SEC USE ONL  SOURCE OF F | PORTEICA  APPR  Y | TING PERSONS FION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  OPRIATE BOX IF A MEMBER OF A GROUP  (a) 7 (b) (c) |

|        | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e) |                          |  |   |  |
|--------|--|--------------------------|--|---|--|
| 6      | CITIZENSHIP  | OR I                     | PLACE OF ORGANIZATION                            |   |  |
|        | United State   | es                       |  |   |  |
|        |  | 7                        | SOLE VOTING POWER                                |   |  |
|        |  |                          | 0  |   |  |
|        | R OF SHARES<br>EFICIALLY   | 8                        | SHARED VOTING POWER                              |   |  |
| EACH I | OWNED BY<br>EACH REPORTING<br>PERSON<br>WITH   |                          | 0  |   |  |
|        |  |                          | SOLE DISPOSITIVE POWER                           |   |  |
|        |  |                          | 0  |   |  |
|        |  | 10                       | SHARED DISPOSITIVE POWER                         |   |  |
|        |  |                          | 0  |   |  |
| 11     | 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSO                         |                          | DUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON |   |  |
|        | 0  |                          |  |   |  |
| 12     | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES                  |                          |  | o |  |
| 13     | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)                                     |                          |  |   |  |
|        | 0.0%   |                          |  |   |  |
| 14     | TYPE OF REP  | TYPE OF REPORTING PERSON |  |   |  |
|        | IN   |                          |  |   |  |

CUSIP No. 609200100

13D

Page 11 of 11 Pages

| 1 | NAME OF REPORTING PERSONS<br>I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY) |
|---|--|
|   | John M. Thompson   |

| 2  | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (a) x  (b) 0                         |      |  |  |  |
|--|--|------|--|--|--|
| 3  | SEC USE ONLY   |      |  |  |  |
| 4  | SOURCE OF F  | FUNI | DS .   |  |  |
|  | 00   |      |  |  |  |
| 5  | CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(d) or 2(e) |      |  |  |  |
| 6  | CITIZENSHIP  | OR I | PLACE OF ORGANIZATION                            |  |  |
|  | Canada   |      |  |  |  |
|  |  | 7    | SOLE VOTING POWER                                |  |  |
|  |  |      | 0  |  |  |
| BENEI  | OF SHARES<br>FICIALLY  | 8    | SHARED VOTING POWER                              |  |  |
| OWNED BY<br>EACH REPORTING<br>PERSON<br>WITH |  |      | 0  |  |  |
|  |  | 9    | SOLE DISPOSITIVE POWER                           |  |  |
|  |  |      | 0  |  |  |
|  |  | 10   | SHARED DISPOSITIVE POWER                         |  |  |
|  |  |      | 0  |  |  |
| 11   | AGGREGATE  | AM   | OUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON |  |  |
|  | 0  |      |  |  |  |
| 12   | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES                  |      |  |  |  |
| 13   | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)                                     |      |  |  |  |
|  | 0.0%   |      |  |  |  |
| 14   | TYPE OF REP  | ORT  | ING PERSON                                       |  |  |
|  | IN   |      |  |  |  |

This Amendment No. 4 on Schedule 13D (the [Amendment[]) is being filed on behalf of Robert G. Mondavi, Timothy J. Mondavi, Marcia Mondavi Borger, Ted W. Hall, Frank E. Farella, Gregory M. Evans, Adrian Bellamy, Anthony Greer, Phillip Greer and John Thompson (together, the [Reporting Persons[]) to amend certain portions of the Schedule 13D filed on August 20, 2004 (File No. 005-42775) (the [Original Filing[]) on behalf of Robert G. Mondavi, R. Michael Mondavi, Timothy J. Mondavi and Marcia Mondavi Borger (together, the [Original Reporting Persons[]) and amended as of September 14, 2004 and November 3, 2004 with respect to the (a) shares of Class A Common Stock of Issuer (the [Class A Stock[] or the [Shares[]); (b) shares of Class B Common Stock of Issuer (the [Class B Stock[]), which are not publicly traded but which are convertible at any time, at the option of the holder, into shares of Class A Stock; and (c) options to purchase shares of Class A Stock (the [Options[]). All information in this Schedule 13D/A concerning any Reporting Person is being supplied solely by such Reporting Person, and only such Reporting Person shall be deemed responsible for the accuracy of such information. Statements made herein concerning the Reporting Persons are made severally by the Reporting Persons and not jointly, and no Reporting Person shall be responsible for the accuracy of information contained herein which has been supplied by or relates to another Reporting Person.

#### Item 1. Security and Issuer.

This statement on Schedule 13D/A relates to the Class A Stock. The principal executive offices of the Issuer are located at 841 Latour Court, Napa, California 94558.

#### Item 4. Purpose of Transaction.

Item 4 of the Amendment is hereby restated in its entirety as follows:

At the annual meeting of shareholders of Issuer held on December 22, 2004 (the [Annual Meeting]), at which a quorum was present, the Agreement and Plan of Merger (the [Merger Agreement]) dated as of November 3, 2004, by and among Issuer, Constellation Brands, Inc. ([Constellation]) and RMD Acquisition Corp. ([Merger Sub[]), was approved and adopted by a majority of the holders of the shares of Class A Stock of the Issuer, excluding the shares of Class A Stock held by record holders of Class B Stock of the Issuer. Pursuant to the support agreement dated November 3, 2004 and described in and attached as an exhibit to the Schedule 13D/A dated November 3, 2004, approval of the Merger Agreement by the requisite number of holders of shares of Class B Stock has also been received. As a result, the Merger Agreement and the merger of Merber Sub into Issuer, with the Issuer as the surviving corporation (the [Merger]], have been approved by the Issuer]s shareholders.

On December 22, 2004, the Merger was completed, and each issued and then outstanding share of Class A Stock (excluding any shares of Class A Stock owned by Constellation, Merger Sub or Issuer or any of their respective wholly-owned subsidiaries and any shares of Class A Stock owned by shareholders properly exercising appraisal rights pursuant to Section 1300 of the California General Corporation Law) was converted automatically into the right to receive \$56.50 in cash, without interest. As a result of the Merger, all shares of Class A Stock were cancelled and ceased to exist and the Issuer continues as a wholly-owned subsidiary of Constellation.

#### Item 5. Interest in Securities of the Issuer.

(a) This paragraph is hereby restated in its entirety as follows:

As a result of the Merger, none of the Reporting Persons beneficially owns or has power to vote any shares of Class A Stock.

(b) This paragraph is hereby restated in its entirety as follows:

As a result of the Merger, none of the Reporting Persons has shared or sole voting or dispositive power with respect to the shares of Class A Stock.

| Item 6. Contracts, Arrangements, Understandings or Relationships With Respect to Securities of the<br>Issuer. |  |  |  |  |
|---|--|--|--|--|
| Item 6 is hereby restated as follows:   |  |  |  |  |
|   | acts, arrangements, understandings or relationships among the rsons and any person with respect to any securities of the Issuer. |  |  |  |
|   | SIGNATURE  |  |  |  |
| After reasonable inquiry and to the best of my this statement is true, complete and correct.                  | y knowledge and belief, I certify that the information set forth in  |  |  |  |
|   | Date   |  |  |  |
|   | /s/ Robert G. Mondavi  |  |  |  |
|   | Signature  |  |  |  |
|   | Robert G. Mondavi  |  |  |  |
|   | (Name/Title)   |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   | SIGNATURE  |  |  |  |
| After reasonable inquiry and to the best of my this statement is true, complete and correct.                  | knowledge and belief, I certify that the information set forth in  |  |  |  |
|   | <br>Date   |  |  |  |
|   | /s/ Timothy J. Mondavi   |  |  |  |

Signature

Timothy J. Mondavi

|   | (Name/Title)   |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
| S   | IGNATURE   |
| After reasonable inquiry and to the best of my kn this statement is true, complete and correct. | nowledge and belief, I certify that the information set forth in |
|   |  |
|   | Date   |
|   | /s/ Marcia Mondavi Borger  |
|   | Signature  |
|   | Marcia Mondavi Borger  |
|   | (Name/Title)   |
|   |  |
|   |  |
|   |  |
|   |  |
| S   | IGNATURE   |
| After reasonable inquiry and to the best of my kn this statement is true, complete and correct. | nowledge and belief, I certify that the information set forth in |
|   |  |
|   | Date   |
|   | /s/ Ted W. Hall  |
|   | Signature  |
|   | Ted W. Hall  |
|   | (Name/Title)   |
|   |  |
|   |  |

#### **SIGNATURE**

| After reasonable inquiry and to the best of my king this statement is true, complete and correct. | nowledge and belief, I certify that the information set forth in |
|---|--|
|   | Date   |
|   | /s/ Gregory M. Evans   |
|   | Signature  |
|   | Gregory M. Evans   |
|   | (Name/Title)   |
|   |  |
|   | SIGNATURE  |
|   | nowledge and belief, I certify that the information set forth in |
|   |  |
|   | Date   |
|   | /s/ Adrian Bellamy   |

#### **SIGNATURE**

Signature

Adrian Bellamy

(Name/Title)

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

|   | Date  |
|---|---|
|   | /s/ Frank Farella   |
|   | Signature   |
|   | Frank Farella   |
|   | (Name/Title)  |
|   |   |
|   |   |
|   |   |
| SIGN  | NATURE  |
| After reasonable inquiry and to the best of my knowled this statement is true, complete and correct.        | ledge and belief, I certify that the information set forth in |
|   |   |
|   | Date  |
|   | /s/ Philip Greer  |
|   | Signature   |
|   | Philip Greer  |
|   | (Name/Title)  |
|   |   |
|   |   |
|   |   |
| SIGN  | NATURE  |
| After reasonable inquiry and to the best of my knowledges that the statement is true, complete and correct. | ledge and belief, I certify that the information set forth in |
|   |   |
|   | Date  |
|   | /s/ Anthony Greener   |
|   | Signature   |
|   | Anthony Greener   |
|   |   |

(Name/Title)

### **SIGNATURE**

| After reasonable inquiry and to the best of my | knowledge and belief, | I certify that the i | nformation set fo | orth in |
|--|-----------------------|----------------------|-------------------|---------|
| this statement is true, complete and correct.  |                       |                      |                   |         |

| Date                 |   |
|----------------------|---|
| /s/ John M. Thompson |   |
| Signature            | _ |
| John M. Thompson     |   |
| (Name/Title)         | _ |