

SECURITIES AND EXCHANGE COMMISSION

FORM 4/A

Statement of changes in beneficial ownership of securities [amend]

Filing Date: **2013-01-11** | Period of Report: **2012-12-21**
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REPORTING OWNER

PODEDWORN Y AGATA

CIK: **1529094**

Type: **4/A** | Act: **34** | File No.: **000-52670** | Film No.: **13524806**

Mailing Address
*40 W. 23RD STREET
2ND FLOOR
NEW YORK NY 10010*

ISSUER

Panache Beverage, Inc.

CIK: **1314054** | IRS No.: **202089854**

SIC: **7600** Miscellaneous repair services

Mailing Address
*40W. 23RD STREET, 2ND
FLOOR
NEW YORK NY 10001*

Business Address
*40W. 23RD STREET, 2ND
FLOOR
NEW YORK NY 10001
(347) 436-8383*

FORM 4

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

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

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Person <u>PODEDWORYN AGATA</u> (Last) (First) (Middle) <u>40 W. 23RD STREET, 2ND FLOOR</u> (Street) <u>NEW YORK, NY 10010</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Panache Beverage, Inc. [WDKA]</u> 3. Date of Earliest Transaction (Month/Day/Year) <u>12/21/2012</u> 4. If Amendment, Date Original Filed(Month/Day/Year) <u>01/11/2013</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>Chief Operating Officer</u> 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
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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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)			

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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Warrants	\$1	12/21/2012		<u>A</u>		150,000		12/21/2013	12/21/2015	Common Stock	150,000	\$ 0	150,000	D	
Warrants	\$1	12/21/2012		<u>A</u>		150,000		12/21/2014	12/21/2015	Common Stock	150,000	\$ 0	300,000	D	

Signatures

/s/ Agata Podedworny

** Signature of Reporting Person

01/11/2013

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 Number.