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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)																	
1. Name and Address of Reporting Person *- KOSKI CHRISTINE L						2. Issuer Name and Ticker or Trading Symbol SUN HYDRAULICS CORP [SNHY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
1500 WEST UNIVERSITY PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 06/06/2017								Officer (give title below) Other (specify below)					
(Street)					4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
SARASOTA, FL 34243 (City) (State) (Zip)																			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		7	Date, if	3.				ities A	equired 5 H	5. Amount of Securitie Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of I Beneficial Ov (Instr. 4)				
							Со	de	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		or Indirect (I) (Instr. 4)				
Common	Stock		06/06/2017	,			A	\		1,000	A	\$ 43.14	141,519		D (1)				
Common	Stock											2	2,128,493		D (2)				
Common	Stock											3	320,111.427		D (3)				
Common	Stock											1	16,000		I (4)	BY KOSKI MANAGEI INC.			
Common	Stock											3	312,719		D (5)				
Common	Stock											1	160,000		I (6)	BY WIFE			
Common	Stock											1	10,000		D (7)				
Reminder: indirectly.	Report on a	separate	line for each of	class of se	curities	benefici	ally o	wne	d dire	Person contain	ned ir	this for	nd to the collors are not rec currently vali	quired to re	spond unle	ss	1474 (9-02)		
			1	Table II					•			f, or Bend ible secur	eficially Ownerities)	d					
1. Title of Derivative Security (Instr. 3)	Conversion	ion Date (ise (Month/Day/Year) Execusing (Month/Day/Year) ve		ny	ed 4. Date, if Transac Code (Instr. 8		of Derivative		r 6. Date Exercisable and Expiration Date (Month/Day/Year)		n Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative I Security (Instr. 5) I	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			
						Codo	V	(A)	(D)	Date Exercis		Expiration Date	Amount or Number of Shares						

Reporting Owners

Parauting Owner Name / Adduss	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KOSKI CHRISTINE L 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X	X				
KOSKI BEVERLY		X				
KOSKI FAMILY LP		X				

KOSKI ROBERT C	X	
KOSKI THOMAS L	X	

Signatures

Gregory C. Yadley, as Attorney-in-Fact for CHRISTINE L. KOSKI, BEVERLY KOSKI, KOSKI FAMILY LIMITED							
PARTNERSHIP, ROBERT C. KOSKI AND THOMAS L. KOSKI							
**Signature of Reporting Person							

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) Shares owned directly by Christine L. Koski.
- (2) Shares owned directly by Koski Family Limited Partnership. Shares owned indirectly by Beverly Koski, Christine L. Koski, Robert C. Koski and Thomas L. Koski, each of whom is a general partner of the partnership or the controlling person of a corporate general partner of the partnership.
- (3) Shares owned directly by Beverly Koski.
- (4) Shares owned indirectly by Beverly Koski.
- (5) Shares owned directly by Thomas L. Koski.
- (6) Shares owned indirectly by Thomas L. Koski.
- (7) Shares owned directly by Robert C. Koski.

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.