FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 ROBERT E | | | | 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 | | | | |
| (Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY (Street) SARASOTA, FL 34243 | | | | Date of Earliest Transaction (Month/Day/Year) 12/23/2004 If Amendment, Date Original Filed(Month/Day/Year) | | | | | | Officer (give title below) Other (specify below) | | | | below) | |
| | | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | if Co | Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Beneficially Owned Following Reported Transaction(s) | | | Ownership Form: | Beneficial | |
| | | | (Month/Day/Yea | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 a | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 12/23/2004 | | | S | | 820 | D | \$ 15.95 | 2,310,5 | 17 | | D (1) | |
| Common | Stock | | | | | | | | | | 64,623 | | | D (2) | |
| Common Stock | | | | | | | | | | 107,162 | | | D (3) | | |
| Common Stock | | | | | | | | | 141,215 | | | D (4) | | | |
| Reminder: indirectly. | Report on a | separate line | for each class of sec | urities beneficiall | y owr | | Pers | sons wh | this fo | orm ar | e not req | ection of ir uired to re d OMB cor | espond un | less | EC 1474 (9- 02) |
| | | | | Derivative Secur e.g., puts, calls, v | | | , | | | | | l | | | |
| 1. Title of Derivative Security (Instr. 3) Conversion or Exerci Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Da any (Month/Day/ | | 0,1 | 5. Number of | | 6. E and (Mo | 6. Date Exercisable and Expiration Date (Month/Day/Year) Response of the control | | 7. T Am Und Sec (Ins 4) | Amount or | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or Indir | Beneficial Ownershi y: (Instr. 4) |
| | | | | Code | , (A | (D) | | ercisable | | Title | of Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|----------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| KOSKI ROBERT E 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243 | X | X | | | | |
| KOSKI BEVERLY | | X | | | | |
| KOSKI FAMILY LP | | X | | | | |
| KOSKI CHRISTINE L | X | X | | | | |
| KOSKI ROBERT C | | Х | | | | |

| | | | X | | KOSKI THOMAS L |
|--|--|--|---|--|----------------|
|--|--|--|---|--|----------------|

Signatures

| Gregory C. Yadley, as Attorney-in-Fact for ROBERT E. KOSKI, BEVERLY KOSKI, KOSKI FAMILY LIMITED PARTNERSHIP, CHRISTINE L. KOSKI, ROBERT C. KOSKI AND THOMAS L. KOSKI | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|--|--|--|--|
| , | | | | | | | |
| 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) Shares owned directly by Koski Family Limited Partnership. Shares owned indirectly by Robert E. Koski, 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.
- (2) Shares owned directly and solely by Christine L. Koski.
- (3) Shares owned directly by Robert E. Koski and indirectly by Beverly Koski, Robert E. Koskis spouse.
- (4) Shares owned directly by Beverly Koski and indirectly by Robert E. Koski, Beverly Koskis spouse.

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.