# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	e 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 Type Responses)  1. Name and Address of Reporting Person * LEMAITRE PHILIPPE			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 10% Owner						
	(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2010					_		give title below)		er (specify belo	w)	
(Street) SARASOTA, FL 34243 (City) (State) (Zip)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				Line)		
			(Zip)							_ , , , ,					
(City	9)	(State)	(Zip)						ive Securiti	es Acquire	ed, Dispos	ed of, or Be	neficially Ow	ned	
1.Title of S (Instr. 3)	Security	]	2. Transaction Date (Month/Day/Year)		Date	, if Co (In		(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		eneficially eported Tr	ansaction(s)	lowing C	wnership orm:	Beneficial
					(Month/Day/Yea		Code	V Am	(A) or Amount (D) Pr		nstr. 3 and	4)	or (I)	Indirect (	Ownership (Instr. 4)
Reminder:	report on a								who resp						474 (9-02)
Reminder:	report on u	•	Table II - D					containe form dis	ed in this for plays a cu	orm are n rrently va	ot requir ilid OMB	ed to resp	ond unless		174 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date,	4. Transac Code	tion	warra 5. Nun	nts, on the strike tive ties ed ed	containe form dis	ed in this for plays a cured of, or Betwertible securion Date	orm are n rrently va	ot requir alid OMB Owned d f	ed to resp control nu 8. Price of	ond unless	10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date,	4. Transac Code	tion	5. Num of Deriva Securit Acquir (A) or Dispos of (D) (Instr.	nts, on the strike tive sites and the strike and th	containe form dis red, Dispos ptions, con 6. Date Exe and Expirat	ed in this fe plays a cu ed of, or Be vertible sec ercisable ion Date y/Year)	orm are n rrently va eneficially urities)  7. Title an Amount o Underlyin Securities (Instr. 3 an	ot requir alid OMB Owned d f	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivativ. Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

D ( O N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LEMAITRE PHILIPPE 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X					

#### **Signatures**

Gregory C. Yadley, as Attorney-in-Fact for PHILIPPE LEMAITRE	04/01/2010
**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).
- Stock Units issued and held for the account of the reporting person under the Amended and Restated 2004 Nonemployee Director Equity and Deferred Compensation Plan. In (1) connection with any distribution to the reporting person under the Plan, Stock Units are payable in shares of common stock on a 1 for 1 basis. The reporting person is fully vested in all Stock Units issued to him and held for his account, and there is no expiration date.

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.