FORM 4

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

OMB APPR	OVAL	
OMB Number:	3235-028	7
Estimated average	burden	
nours 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 Type Responses) 1. Name and Address of Reporting Person * BERTONECHE MARC			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) 03/22/2012					-		give title below)		er (specify belo	w)	
(Street) SARASOTA, FL 34243			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)		
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date,	, if Co (In	Transa de str. 8)	(A) (Ins	or Disposed str. 3, 4 and (A) o	1 of (D) Bo 5) Ro	eneficially	of Securities Owned Fol ansaction(s) 4)	lowing C F D or (I	orm: I frect (D) or Indirect (Beneficial Ownership
Reminder:								Persons	who resp						474 (9-02)
Kemmuer.			Table II - D	erivative S	Secur	rities A	cquir	Persons containe form dis	ed in this for plays a cu	orm are n rrently va	ot require	ed to resp	ond unless		474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - D	Derivative S.g., puts, c 4. Transac Code	Secur alls, stion (rities A warrai 5. Num	cquire nts, op aber 6 a tive (l ies ed	Persons containe form dis	ed in this for plays a cured of, or Betwertible securion Date	orm are n rrently va	oot required alid OMB Owned add add agg	ed to resp control nu 8. Price of	ond unless	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - D	Derivative S.g., puts, c 4. Transac Code	Secur alls, stion (rities A warran 5. Num of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3	acquirents, op aber five lies ed ed a, 4,	Persons containe form dis ed, Dispos otions, con o. Date Exe and Expirat	ed in this feplays a cu ed of, or Be evertible sec rcisable ion Date y/Year) Expiration	rrently varies) 7. Title an Amount o Underlyin Securities (Instr. 3 an	oot required alid OMB Owned add add agg	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 Indirect)	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

D (O N /411	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BERTONECHE MARC 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X					

Signatures

Gregory C. Yadley, as Attorney-in-Fact for MARC BERTONECHE	03/26/2012
**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.