# FORM 4

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

OMB APPROVAL							
MB Number:	3235-0287						
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ours 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 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					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/06/2010									er (give title belo		ther (specify below	w)	
(Street) 4						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					
(City	7)	(State)		(Zip)			Tal	ble I -	Nor	n-Derivat	tive S	ecurities	Acquii	red, Disp	osed of, or l	Beneficially (	Owned		
(Instr. 3) Date		Date (Month/Day/Year) Exect		any			Code		(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	7. Nature of I Beneficial Ov (Instr. 4)				
							Co	Code V		Amount	(A) or (D)	Price	(Instr.	3 and 4)		(I) (Instr. 4)			
Common	Common Stock		03/06/201	10			1	A		250	A	\$ 26.16	208,9	208,940		D (1)			
Common	Stock												3,774,647		D (2)				
Common	Stock												295,9	295,969.29		D (3)			
Common	mmon Stock												1,200		I (4)	BY KOSKI MANAGEMENT, INC.			
Common	Common Stock										60,000			D (5)					
Reminder: indirectly.	Report on a	separate	line for eac	h class of	f securitie	s benefici	ially (	owned	d dire	Person contair	ned i	n this fo	rm are	not req		oformation espond unle espond numbe	ss	1474 (9- 02)	
				Table 1								of, or Ben		ly Owned	i				
1. Title of Derivative Conversion or Exercise (Instr. 3)  Price of Derivative Security    Conversion or Exercise (Instr. 3)   Price of Derivative Security   Price of Derivative Security		5. Number				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia								
						Code	V	(A)	(D)	)				Shares					

# **Reporting Owners**

D	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KOSKI CHRISTINE L	X	X						
KOSKI BEVERLY		X						
KOSKI FAMILY LP		X						
KOSKI ROBERT C		X						

KOSKI THOMAS L		
	Y	
	Λ	

## **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		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 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.

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.