FORM 4

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

OMB APPROVAL							
DMB Number:	3235-0287						
Estimated averag	ge burden se 0.5						
ours per response							

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	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) 09/11/2012							-	Officer (give title below) Other (specify below)				
(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) (State) (Zip)					Table I - Non-Derivative Securities Acqu							Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transacti Date (Month/Day	y/Year)	any	emed on Date, if Day/Year)	Cod (Inst	Transaction Code (Instr. 8)		(A) or D (D)	(Instr. 3, 4 and 5) (A) or		5. Amount of Secu Beneficially Owne Following Reporte Transaction(s) (Instr. 3 and 4)		ned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of I Beneficial Ov (Instr. 4)	
Common	Stock		09/11/201	2			-	S		1,000	D	 	4,412			D (1)		
Common	Stock		09/12/201	.2			,	S		1,000	D	\$ 25.50	3,412			D (1)		
Common	Stock												3,985,	3,985,058		D (2)		
Common	Stock												443,9:	53.427		D (3)		
Common Stock											:	299,278		D (4)				
Common	Common Stock										215,550			D (5)				
Common Stock												4,800			I (6)	BY KOSKI MANAGEMENT, INC.		
Reminder: indirectly.	Report on a	separate	line for each	h class of	`securit	ies benefici	ially (owne	d dire	ectly or								
										contair	ned in	this for	rm are	not req		formation espond unle atrol numbe	ss	1474 (9- 02)
				Table l		ivative Sec								ly Owned	i			
1. Title of Derivative Security (Instr. 3) 2. Conversion Date or Exercise Price of Derivative Security		Date	onth/Day/Year) any			4. 5. Number of			r 6. Date Exercisable and Expiration Date e (Month/Day/Year)			Amo Unde Secu	7. Title and Amount of Underlying Securities (Instr. 3 and 4) 8. Price of Derivative Security (Instr. 5)			Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
						Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	or Number of Shares				

Reporting Owners

Bonostino Ormon Nome / Address	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	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 Robert C. 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 directly by Christine L. Koski.
- (5) Shares owned directly by Thomas L. Koski.
- (6) Shares owned indirectly by Beverly 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.