FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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

SEC 1474 (9-

02)

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 P Fulton Tricia L	2. Issuer Name a SUN HYDRAU			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) 1500 WEST UNIVERSITY PA	3. Date of Earliest 05/21/2008	Transactio	n (M	onth/Day	/Year)	X Officer (give title below) Other (specify below) Chief Financial Officer				
(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 PersonForm filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Nature of Indirect Beneficial Ownership
		(Hoha Day Tear)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	· ·
Common Stock	05/21/2008		S		1,500	D	\$ 40.01	7,864 (1)	D	
Common Stock								327	I <u>(2)</u>	BY ESOP TRUST

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numl	ber	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	2		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	erivati	ive	(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	ecuriti	es			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquire	d			(Insti	r. 3 and		Owned	Security:	(Instr. 4)
	Security				(A	A) or				4)			Following	Direct (D)	
						ispose	d						*	or Indirect	
						(D)	·					Transaction(s)	· /		
					· ·	nstr. 3	· · · · · · · · · · · · · · · · · · ·					(Instr. 4)	(Instr. 4)		
					4,	4, and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code V	7 (A	A) (I	D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fulton Tricia L 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243			Chief Financial Officer				

Signatures

Paul R. Lynch, as Attorney-in-Fact for TRICIA L. FULTON

**Signature of Reporting Person

05/23/2008 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) Includes 50 shares purchased through the Sun Hydraulics Corporation Employee Stock Purchase Plan (the "Plan") through the quarter ended September 29, 2007, 46 shares purchased through the Plan through the quarter ended March 29, 2008.

(2) Reflects allocations of shares under the Sun Hydraulics Corporation Employee Stock Ownership Plan.

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.