

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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Estimated average burden

hours per response: 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIPFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person* <u>KOSKI CHRISTINE L</u> <hr/> (Last) (First) (Middle) <u>1500 WEST UNIVERSITY PARKWAY</u> <hr/> (Street) <u>SARASOTA FL 34243</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SUN HYDRAULICS CORP [SNHY]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/17/2015</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (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 (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/17/2015		S		4,000	D	\$39.5375 ⁽¹⁾	183,397	D ⁽²⁾	
Common Stock	03/18/2015		S		2,000	D	\$39.5	181,397	D ⁽²⁾	
Common Stock	03/18/2015		S		15,250	D	\$40.053 ⁽³⁾	166,147	D ⁽²⁾	
Common Stock	03/18/2015		S		15,250	D	\$40.053 ⁽³⁾	338,679	D ⁽⁴⁾	

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (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 (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock								2,328,493	D ⁽⁵⁾	
Common Stock								372,719	D ⁽⁶⁾	
Common Stock								160,000	I ⁽⁷⁾	BY WIFE
Common Stock								360,983.427	D ⁽⁸⁾	
Common Stock								16,000	I ⁽⁹⁾	BY KOSKI MANAGEMENT, INC.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*

[KOSKI CHRISTINE L](#)

(Last)	(First)	(Middle)
1500 WEST UNIVERSITY PARKWAY		
(Street)		
SARASOTA	FL	34243
(City)	(State)	(Zip)

1. Name and Address of Reporting Person*

[KOSKI BEVERLY](#)

(Last)	(First)	(Middle)
(Street)		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person*

[KOSKI FAMILY LP](#)

(Last)	(First)	(Middle)
(Street)		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person*

[KOSKI ROBERT C](#)

(Last)	(First)	(Middle)
<hr/>		
(Street)		
<hr/>		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person*

[KOSKI THOMAS L](#)

(Last)	(First)	(Middle)
<hr/>		
(Street)		
<hr/>		
(City)	(State)	(Zip)

Explanation of Responses:

- 1. The range of prices for the transactions reported is \$39.50 - \$39.58. The undersigned hereby undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. Shares owned directly by Robert C. Koski.
- 3. The range of prices for the transactions reported is \$39.94 - \$40.15. The undersigned hereby undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4. Shares owned directly by Christine L. Koski.
- 5. 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.
- 6. Shares owned directly by Thomas L. Koski.
- 7. Shares owned indirectly by Thomas L. Koski.
- 8. Shares owned directly by Beverly Koski.

9. Shares owned indirectly by Beverly Koski.

[Paul R. Lynch, as Attorney-in-Fact for
CHRISTINE L. KOSKI, BEVERLY
KOSKI, KOSKI FAMILY LIMITED
PARTNERSHIP, ROBERT C. KOSKI
AND THOMAS L. KOSKI](#)

[03/19/2015](#)

** Signature of Reporting Person Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.