FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
OMB Number:	3235-028							
Estimated average burden								
hours per response:	0.							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * $\underline{LEWIS\ CLUNET\ R}$								2. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [SUI]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 27777 FRANKLIN ROAD								3. Date of Earliest Transaction (Month/Day/Year) 04/17/2017										Office below	er (give title v)	Other below	(specify)		
SUITE 200							4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTHFIELD MI 48034																X		filed by One Reporting Person filed by More than One Reporting on					
(City)		(State)	(Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Title of Security (Instr. 2) 2 Transaction 2A Deemed 2 4 Securities Acquired (A) or 5 Amount of 6 Ownership 7 Nature																							
Date						Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			I (A) (. 3, 4	or and	Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
											Code	v	Amount		(A) or (D)	Pric	e		ted action(s) 3 and 4)		(Instr. 4)		
COMMO	N STOC	K, \$0).01 PAR	VALUE		04/17/	/2017				P		131		A	\$8	2.77	1	6,365	I	By Wife's IRA ⁽¹⁾⁽²⁾		
COMMO	N STOC	K, \$0).01 PAR	VALUE	2	07/17/	/2017				P		127		A	\$8	6.33	1	6,492	I	By Wife's IRA ⁽¹⁾⁽²⁾		
COMMO	N STOC	K, \$0).01 PAR	VALUE	2	09/25/	/2017				S		1,292	!	D	\$8	6.52	1	5,200	I	By Wife's IRA ⁽¹⁾		
COMMON STOCK, \$0.01 PAR VALUE 09/2						09/26/	6/2017				S		4,000		D	\$86.1		11,200		I	By Wife's IRA ⁽¹⁾		
COMMON STOCK, \$0.01 PAR VALUE								Ţ										1	8,800	D			
COMMON STOCK, \$0.01 PAR VALUE																		1	0,000	I	By IRA		
				Table									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution ecurity or Exercise (Month/Day/Year) if any			Date, Transac Code (II			tion of I		6. Date E Expiratio (Month/D	n Date		An Sec Un De Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		Deri Seci (Inst	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
	planetion of Poppago			Code			Date Exercisa	Date Exercisable D		Titl	or Nu of	nount mber ares											

- 1. The Reporting Person disclaims beneficial ownership of such shares. This report shall not be deemed to be an admission that the Reporting Person is the beneficial owner of such shares for purposes of Section 16 or for any other purpose.
- 2. Change in shares due to dividend reinvestment activity subsequent to previous Form 4 filing.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Remarks:

Clunet R. Lewis

09/27/2017 Date

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

** Signature of Reporting Person

** 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.