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	

<b>STATEMENT</b>	<b>OF CHANGES</b>	S IN BENEFICIA	L OWNERSHIP

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

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* SHIFFMAN GARY A					2. Issuer Name <b>and</b> Ticker or Trading Symbol SUN COMMUNITIES INC [ SUI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) 27777 FI SUITE 2	(Fii RANKLIN 00	,	Middle	<del>)</del>	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2022							X Officer (give title Other (specify below)  Chairman & CEO								
(Street)	FIELD M	I 4	18034	ļ	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(St		Zip)	lon Dorive	tivo	Sec	rition	Λ ο σ		4 D	ionocod o	forF	Panafii		lly Own					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)		2A. Deemed Execution Date,		, [	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				5. Amoun Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		re of t cial ship				
						-	Code V		Amount	(A) or (D) Price			Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)			
COMMO VALUE	N STOCK	, \$0.01 PAR		06/30/202	22				F		109	D	\$159.	.36	978,	981	]	D		
COMMO VALUE	ON STOCK	, \$0.01 PAR													233,	417		I	Owner a gran retaine annuit trust <sup>(1)</sup>	tor ed
COMMO VALUE	N STOCK	, \$0.01 PAR													130,	810		I	Owned irrevolutrusts (	cable
COMMO VALUE	N STOCK,	, \$0.01 PAR													16,6	571		I	Owne	- 1
COMMO VALUE	N STOCK,	, \$0.01 PAR													76,000 I			Owned by irrevocable trust.(3)		
		Та	ble I	l - Derivati (e.g., pu							posed of, convertib				/ Owned	d				
1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) if any		4. Trans	4. 5. Numbor of Code (Instr. Derivative		nber itive ities red sed	6. Da Expir	te Exe	rcisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8 E S ()	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr.	nip of Be Be O) Ow ct (In:	Nature Indirect neficial vnership str. 4)			
				Code	v	(A) (D)		Date Exer	cisable	Expiration Date	Title	Amoun or Numbe of Shares	r							

## **Explanation of Responses:**

- 1. Owned by grantor retained annuity trust of which the reporting person is not a trustee. The reporting person is the only beneficiary during the term of the grantor retained annuity trust. At the end of the annuity term, the remaining property in the grantor retained annuity trust will be distributed to a trust for the benefit of the reporting person's spouse and descendants of which the reporting person is not a
- 2. Owned by irrevocable trusts of which the reporting person is neither the trustee nor the beneficiary. The beneficiaries of these trusts are the reporting person's spouse and other family members.
- 3. Owned by irrevocable trust of which the reporting person is a trustee and beneficiary.

## Remarks:

Gary A. Shiffman

07/01/2022

\*\* Signature of Reporting Person

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.