

OMB APPROVAL table with OMB Number: 3235-0287, Estimated average burden, hours per response: 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Main reporting form with sections: 1. Name and Address of Reporting Person (SHIFFMAN GARY A), 2. Issuer Name and Ticker or Trading Symbol (SUN COMMUNITIES INC [SUI]), 3. Date of Earliest Transaction (01/02/2024), 4. If Amendment, Date of Original Filed, 5. Relationship of Reporting Person(s) to Issuer, 6. Individual or Joint/Group Filing, 7. Rule 10b5-1(c) Transaction Indication.

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

Table I with 7 columns: 1. Title of Security, 2. Transaction Date, 2A. Deemed Execution Date, 3. Transaction Code, 4. Securities Acquired (A) or Disposed Of (D), 5. Amount of Securities Beneficially Owned, 6. Ownership Form, 7. Nature of Indirect Beneficial Ownership.

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

Table II with 11 columns: 1. Title of Derivative Security, 2. Conversion or Exercise Price, 3. Transaction Date, 3A. Deemed Execution Date, 4. Transaction Code, 5. Number of Derivative Securities, 6. Date Exercisable and Expiration Date, 7. Title and Amount of Securities, 8. Price of Derivative Security, 9. Number of derivative Securities Beneficially Owned, 10. Ownership Form, 11. Nature of Indirect Beneficial Ownership.

Explanation of Responses:

1. Owned by irrevocable trust of which the reporting person is a trustee and a beneficiary.

Remarks:

Gary A. Shiffman 01/04/2024
** 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.