FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours por rosponso:	0.5							

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

Name and Address of Reporting Person* SHIFFMAN GARY A					2. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [SUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SHIFF.	MAN G	ARY A			-							•	2	Director		X	10% Ov	vner	
															(give title		Other (s	specify	
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)							,	,		below)	•		
27777 FRANKLIN ROAD SUITE 200						10/26/2006								Chrmn, Pres, and CEO					
			— 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)					10	0/30/2	2006						Line			_	5		
SOUTH	FIELD 1	MI	48034										2		•		rting Persor		
														Form filed by More than One Reporting Person					
(City)	(State)	(Zip)											1 613011					
										_									
		Ta	ıble I - N	on-De	rivativ	ve Se	ecur	ities Ac	quired,	Dis	sposed o	f, or Be	neficially	Owned					
1. Title of Security (Instr. 3) 2. Transact				saction	Execution Date,					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amour				7. Nature of		
Date (Month/Day										/Day/Ye	Disposed C	וס) (Instr.	3, 4 and 5)	Securitie Beneficia	ally		orm: Direct 0) or Indirect	Indirect Beneficial Ownership (Instr. 4)	
						(Month/Day/Year)		8)				Owned Following Reported		(I) (Instr. 4)					
									Code	,	Amount	(A) or (D)	Price	Transact (Instr. 3 a	tion(s)			` '	
Common Stock, \$.01 Par Value 10/26/2						5			M		25,000	A	\$28.637	- `	3,673		D		
· · · · · · · · · · · · · · · · · · ·				.0/2000					23,000	71	Ψ20.037	3 1,41			D				
Common Stock, \$.01 Par Value 10/26/20				6/2006	006		M		250,000	A	\$28.637	5 1,66	63,673		D				
Common Stock, \$.01 Par Value 10/26/20				6/2006	.006		F		227,349	D	\$0 ⁽¹⁾	1,436,324			D				
			Table II	- Deri	vative	Sec	uriti	es Acq	uired, C	Disp	osed of,	or Ben	eficially (Owned					
				(e.g.	, puts	s, cal	ls, w	arrants	, option	าร,	converti	ble secu	ırities)						
					4.	5. Number of 6. Date Exercisable and 7. Title and Amo							8. Price of	9. Numbe		10.	11. Nature		
Derivative Security	Conversior or Exercise		Execution if any	Date,	Transa Code (tr. Securities Acquired (A) or Disposed of (D) (Instr.		Expiration Dat (Month/Day/Ye			of Securit Underlyin		Derivative Security	derivative Securities		Ownershi Form:	Beneficial	
(Instr. 3)	Price of Derivative	,	(Month/Da	ay/Year)	8)					•	,	Derivative (Instr. 3 a		(Instr. 5)	Beneficia Owned		Direct (D) or Indirect) Ownership	
	Security											(111511. 3 at	iu 4)		Following		(I) (Instr. 4)		
							3, 4 and 5)								Reported Transaction(s		,		
													Amount or		(Instr. 4)				
					Contr	 ,,		(E)	Date		Expiration		Number						
		-			Code	V	(A)	(D)	Exercisat	ле	Date	Title	of Shares	-					
Stock Option ⁽²⁾	\$28.6375	10/26/2006			M			25,000	10/28/199	98	10/28/2006	Common Stock	25,000	\$0	0		D		
Stock Option ⁽²⁾	\$28.6375	10/26/2006			М			250,000	10/28/200	00	10/28/2006	Common Stock	250,000	\$0	\$0 0		D		

Explanation of Responses:

- 1. Shares were delivered to the Issuer to satisfy certain withholding obligations and payment of the exercise price.
- 2. Converts to common stock on a one-for-one basis.

Gary A. Shiffman

12/08/2006

** 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.