FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APP | OMB APPROVAL | | | | | | | | | |
|--------|-------------------|--------------|--|--|--|--|--|--|--|--|--|
| ERSHIP | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average | hurden | | | | | | | | | |

hours per response:

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Dearing Karen | | | | | SU | 2. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [SUI] | | | | | | | | | k all app Direc | licable) | | rson(s) to I 10% O Other | | |
|--|--|--|---------|---|---------------------------------------|--|------------------------------|---|----------------|--|--------------------|---|--|---|--|--|--|---|---|--|
| (Last) 27777 FI | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023 | | | | | | | | | below | below) EVP - Sp | | below) Projects | | |
| SUITE 300 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Indi ine) | -/ | | | | | |
| (Street) SOUTHI | FIELD M | I 4 | 48034 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (City) (State) (Zip) | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | uired | l, Dis | posed of | , or B | enefic | ially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | if any | emed tion Date, n/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securitie Beneficia | | es ially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction | | tion(s) | | | (| |
| COMMON STOCK, \$0.01 PAR VALUE 03/17/2 | | | | 03/17/2 | 023 | | | | F | | 1,599 | D | \$134 | .14 | 14 154,684 | | | D | | |
| COMMON STOCK, \$0.01 PAR VALUE | | | | | | | | | | | | | | 13,583 | | | I | Shares held by spouse's revocable trust | | |
| | 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) | Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Insti | 5. Number 6. Date of Expirat | | | e Exercisable and ation Date h/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

Remarks:

Karen J. Dearing

03/21/2023

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).