

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden	
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).

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* <u>SHIFFMAN GARY A</u> (Last) (First) (Middle) 27777 FRANKLIN ROAD SUITE 200 (Street) SOUTHFIELD MI 48034 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SUN COMMUNITIES INC [SUI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) Chairman & CEO
	3. Date of Earliest Transaction (Month/Day/Year) <u>04/14/2021</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
COMMON STOCK, \$0.01 PAR VALUE	04/14/2021		F		2,180	D	\$153.84	830,828	D	
COMMON STOCK, \$0.01 PAR VALUE								460,060	I	Owned by a grantor retained annuity trust ⁽¹⁾
COMMON STOCK, \$0.01 PAR VALUE								86,810	I	Owned by irrevocable trust ⁽²⁾
COMMON STOCK, \$0.01 PAR VALUE								16,671	I	Owned by spouse
COMMON STOCK, \$0.01 PAR VALUE								76,000	I	Owned by irrevocable trust. ⁽³⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

Explanation of Responses:

- 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 trustee.
- Owned by irrevocable trust of which the reporting person is not a trustee.
- Owned by irrevocable trust of which the reporting person is a trustee and the reporting person's spouse is a beneficiary.

Remarks:

Gary A. Shiffman 04/15/2021
 ** 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.