FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
---------------	-----------

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

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* <u>SHIFFMAN GARY A</u>				П	Section 30(f) of the investment Company Act of 1940 Issuer Name and 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	(Fir RANKLIN	•	, , ,			3. Date of Earliest Transaction (Month/Day/Year) 03/22/2021								X Office below				er (specify ow)
(Street) SOUTHFIELD MI 48034 (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	e I - Non-Der	ivati	ive	Securi	ities Ad	cauire	d. D	isposed o	f. or E	Benefi	cia	llv Own	ed			
1. Title of Security (Instr. 3)			2. Transa Date	2. Transaction		2A. Deemed		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		d (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price		Transacti (Instr. 3 a	on(s)			(Instr. 4)
COMMO VALUE	N STOCK,	\$0.01 PAR	03/22/	2021	1			F		5,723	D	\$150	.83	837,	826	I	D	
COMMO VALUE	N STOCK,	\$0.01 PAR	03/22/	2021	1			F		2,725	D	\$150.	.83	835,	101	I	D	
COMMO VALUE	N STOCK,	\$0.01 PAR	03/22/	2021	1			F		2,093	D	\$150	.83	833,	800	I	D	
COMMO VALUE	N STOCK,	\$0.01 PAR												460,	060		I	Owned by a grantor retained annuity trust ⁽¹⁾
COMMO VALUE	N STOCK,	\$0.01 PAR												86,8	310		I	Owned by irrevocable trust ⁽²⁾
COMMO VALUE	N STOCK,	\$0.01 PAR												16,6	671		I	Owned by spouse
COMMON STOCK, \$0.01 PAR VALUE												76,000		I irr		Owned by irrevocable trust. ⁽³⁾		
		Та	ble II - Deriv (e.g.,							posed of, convertil				/ Owne	d	<u> </u>		
Derivative Conversion Date Executive Conversion Conversion Date Date Executive Conversion Date Da		3A. Deemed Execution Date if any (Month/Day/Yea	cution Date, Tran		nsaction de (Instr. Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)		er 6. Date Ex Expiration (Month/Da		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8 1 5	B. Price of Derivative Security Instr. 5)	ative derivati rity Securiti		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial (D) Ownership rect (Instr. 4)	
	n of Respons				Code	v	(A) (D)	Date Exercisa		Expiration e Date	Title	Amour or Number of Shares	er					

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 trust of which the reporting person is not a trustee.
- 3. 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

03/24/2021

Date

** 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.