FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* SHIFFMAN GARY A					2. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [SUI]								Relationship of Repo (Check all applicable) X Director			rting Person(s) to Issue		er	
(Last) (First) (Middle) 27777 FRANKLIN ROAD SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 04/14/2022								X Officer (give title Other (specify below) Chairman & CEO						cify	
(Street) SOUTHFIELD MI 48034			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(5	State)	(Zip)											1 0130					
		Tal	ole I - N	Non-Deriva	tive	Securi	ties A	quire	d, D	isposed o	f, or E	Benefi	cia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	on(s)			(Instr.	4)
COMMON STOCK, \$0.01 PAR VALUE 04/14/20:			22			F		1,090	D	\$185.	.58	979,	9,090 D)				
COMMON STOCK, \$0.01 PAR VALUE													233,	417 I		Owned by a grantor retained annuity trust ⁽¹⁾			
COMMON STOCK, \$0.01 PAR VALUE													130,	810	I Owned irrevoor trusts ⁽²⁾		ocable		
COMMON STOCK, \$0.01 PAR VALUE												16,671			I Ow spo		ed by se		
COMMON STOCK, \$0.01 PAR VALUE												76,000		I		Owned by irrevocable trust. (3)			
			Table	I - Derivati (e.g., pu						posed of, , convertik				y Owne	d				
1. Title of Derivative Security (Instr. 3) 2. Convers or Exert Price of Derivati Security			ar) Exe	ıy		saction e (Instr.		r 6. Date Exc Expiration (Month/Da		Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		(Instr. 5) Ber Ow Foll Rep Trai		ve es ially ng ed etion(s)	10. Owners Form: Direct (I or Indire (I) (Instr	hip of B D) O ect (li	1. Nature f Indirect eneficial wnership nstr. 4)
	of Respon				Code	e V	(A) (D)	Date Exer	cisabl	Expiration e Date	Title	Amount or Number of Shares	r						

- 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 trusts of which the reporting person is neither the trustee nor the beneficiary. The beneficiaries of these trusts are the reporting person's spouse and other family members.
- 3. Owned by irrevocable trust of which the reporting person is a trustee and beneficiary.

Remarks:

Gary A. Shiffman

04/15/2022

** 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.