FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:							
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*  KLEIN RONALD A  2. Date of Event Requiring Statemen (Month/Day/Year) 01/06/2015			nent	3. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [ SUI ]								
(Last) 27777 FRAN	(First) KLIN RD.	(Middle)				ionship of Reporting Perso all applicable) Director	on(s) to Issu 10% Owr			Amendment, Da th/Day/Year)	ate of Original Filed	
SUITE 200						Officer (give title below)	Other (sp below)	ecify		cable Line)	/Group Filing (Check	
(Street) SOUTHFIEL	D MI	48034									y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock, \$0.01 par value						1,000	I		Shares held in IRA			
Common stock, \$0.01 par value						1,000	I		Share held by a revocable trust			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercise Expiration Date (Month/Day/Yea		ate		3. Title and Amount of Securit Underlying Derivative Security		4. Conversion or Exercise Price of			6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares		ative	or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Ronald A. Klein

01/16/2014

\*\* 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 5 (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.