FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| ours per respon | se 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 OF SECURITIES

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 * NIXON CLYDE G | | | 2. Issuer Name and Ticker or Trading Symbol SUN HYDRAULICS CORP [SNHY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|------------------------------|--|---|------------|---|--|------------------------------------|-------------------------------|--|----------------------|--------------------------|--|--|
| 1500 WEST UNIV | (First) ERSITY PAF | (Middle) RKWAY | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2005 | | | | y/Year) | | | er (give title belo | rman of the | Other (specify b | elow) |
| | (Street) 4. If Amendment, Da | | | Date Orig | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| SARASOTA, FL 34 | | | | | | | | | FOIII III | d by More man | One Reporting | reison | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | (D) Beneficially Owned Following Reported Transaction(s) | | Following | Ownership of Form: | Beneficial |
| | | | (Month/Day/Year) | Code | v | Amoun | (A) or (D) | Price | (Instr. 3 a | r. 3 and 4) | | | Ownership (Instr. 4) |
| Common Stock | | 01/18/2005 | | S | | 4,600 | | \$ 16.85 | 86,907 | | | D | |
| Common Stock | | 01/19/2005 | | S | | 3,000 | D | \$ 16.85 | 83,907 | | | D | |
| | | | | | | | | | 29,522 | | | T | by Wife through |
| Common Stock | | | | | | | | | 27,322 | | | 1 | Trust |
| Common Stock Reminder: Report on a indirectly. | separate line fo | or each class of seco | urities beneficially (| owned dire | ctly o | or | | | 27,322 | | | 1 | U |
| Reminder: Report on a | separate line fo | or each class of seco | urities beneficially (| owned dire | Pers | ons wh | n this f | orm ar | the colle | uired to re | nformation espond unl | less | U |
| Reminder: Report on a | separate line fo | Table II - I | urities beneficially of the control | es Acquir | Pers cont the f | sons wh tained in form dis | n this fo splays a of, or Be | orm ar a curre eneficia | the colle e not req ently valid | uired to re | spond un | less | Trust EC 1474 (9- |
| Reminder: Report on a indirectly. 1. Title of 2. Derivative Conversion | 3. Transaction | Table II - I (a 3A. Deemed Execution Down any | Derivative Securiti e.g., puts, calls, wa | es Acquir | Pers cont the f ed, Di tions, | sons what in the constant of t | of, or Betible seconds | eneficia eurities | the colle e not req ently valid | uired to red OMB cor | spond un | of 10. Ownersl Form of Derivati Security Direct (1 or Indire | Trust EC 1474 (9-02) 11. Nature of Indire Beneficia Ownersh (Instr. 4) D) oct |

| Bonardina Octobra Nama / A l | Relationships | | | | | |
|--|---------------|----------|-----------|-----------------------|-------|--|
| Reporting Owner Name / Ad | aress | Director | 10% Owner | Officer | Other | |
| NIXON CLYDE G 1500 WEST UNIVERSITY PA SARASOTA, FL 34243 | RKWAY | X | | Chairman of the Board | | |

Signatures

| Gregory C. Yadley, as Attorney-in-Fact for CLYDE G. NIXON | 01/20/2005 |
|---|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.