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					

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

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 _X_ Officer (give title below) Other (specify below) Chairman of the Board						
(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 02/23/2005										[
(Street) SARASOTA, FL 34243				4. If Amendment, Date Original Filed(Month/Day/Year)						r) .	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Secu (Instr. 3)	urity		2. Transaction Date (Month/Day/Year)	any		3. Trai Code (Instr.	nsacti	ion	4. Secur (A) or I (Instr. 3	rities Acc Disposed , 4 and 5	quired of (D)	5. Amount of Securities		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Ste	tock		02/23/2005			Cod S	le	V	2,800	t (D) D	Price \$ 18.35	68,707			(Instr. 4)	
Common St	tock											29,522			I	by Wife through Trust
Common St	tock											1,159			I (1)	BY ESOP TRUST
Reminder: Repindirectly.	port on a s	eparate line f	or each class of secu	ırities b	eneficially of	owned d	lirect	ly o	r							
Persons who respond to the collection of information SEC 1474 (9- contained in this form are not required to respond unless 02) the form displays a currently valid OMB control number.											`					
			Table II - I		ive Securiti ts, calls, wa	-			•			lly Owned	l			
(Instr. 3) Pri De		3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da any	4. Transaction Code Year) (Instr. 8)		5. Number of		r 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form o y Derivat Security Direct (or Indir	Ownershi (Instr. 4)	
					Code V	(A) (Date Exe	e rcisable	Expiration Date	on Title	Amount or Number of Shares				
Reporti	ing O	wners														

Personal of October Name / Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
NIXON CLYDE G 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X		Chairman of the Board					

Signatures

Paul R. Lynch, as Attorney-in-Fact for CLYDE G. NIXON	02/25/2005
**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). Reflects allocations of shares under the Sun Hydraulics Corporation Employee Stock Ownership Plan.

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.