FORM 4

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

OMB APPROVAL
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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

	pe Response													
1. Name and Address of Reporting Person *- KOSKI ROBERT E				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 10% Owner				
(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 05/27/2005							tor r (give title belo		Other (specify	below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person				
SARASOTA, FL 34243														
(City	7)	(State)	(Zip)	Tab	le I - Non	-Deri	vative Se	curities A	Acqui	red, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
					Code	V	Amount	(A) or (D)	Price		(I) (In		or Indirection (I) (Instr. 4)	(Instr. 4)
Common	Stock		05/27/2005		S		56,742	D :	\$ 35	2,201,80	,201,801		D (1)	
Common	Stock									64,692		D (2)		
Common	Stock									100,000		D (3)		
Common	Stock									141,215			D (4)	
Common	Stock									173			I (5)	BY ESOP TRUST
Reminder: indirectly.	Report on a	separate line f	or each class of secu	rities beneficially o	wned dire	ctly o	r							
						cont	ained in	this for	m are	e not req	ection of ir uired to re d OMB cor	espond un	less	SEC 1474 (9- 02)
				erivative Securitie						lly Owned	i			
			Execution Date, if Transact		5. Number 6. D and				7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and		,	Owner Form of Deriva Securit Direct or Indi	Beneficia Ownershi (y: (D) rect
				Code V	(A) (D)	Date Exer	e I rcisable I	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

Parauting Oroman Name / Adduses	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KOSKI ROBERT E 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X	X				
KOSKI BEVERLY		X				
KOSKI FAMILY LP		X				
KOSKI CHRISTINE L	X	X				
KOSKI ROBERT C		_				

	X	
KOSKI THOMAS L	X	

Signatures

Gregory C. Yadley, as Attorney-in-Fact for ROBERT E. KOSKI, BEVERLY KOSKI, KOSKI FAMILY LIMITED						
PARTNERSHIP, CHRISTINE L. KOSKI, ROBERT C. KOSKI AND THOMAS L. KOSKI						
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).
- (1) Shares owned directly by Koski Family Limited Partnership. Shares owned indirectly by Robert E. Koski, Beverly Koski, Christine L. Koski, Robert C. Koski and Thomas L. Koski, each of whom is a general partner of the partnership or the controlling person of a corporate general partner of the partnership.
- (2) Shares owned directly and solely by Christine L. Koski.
- (3) Shares owned directly by Robert E. Koski and indirectly by Beverly Koski, Robert E. Koskis spouse.
- (4) Shares owned directly by Beverly Koski and indirectly by Robert E. Koski, Beverly Koskis spouse.
- (5) Reflects allocations of shares to Robert E. Koski 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.