# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	es)														
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) 06/12/2006							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						
SARASC	TA, FL 34	1243										_X_ Form fil	ed by More than	One Reporting	g Person	
(City	)	(State)	(Zip)		Tal	ble I -	Non-	-Deri	ivative S	ecuritie	s Acqu	ired, Disp	osed of, or	Beneficially	Owned	
(Instr. 3) Date			Execution Date, if Code		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
						Co	ode	V	Amoun	(A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		06/12/2006			1	4		85	Α	\$ 17.68	97,401			D (1)	
Common Stock											3,070,309		D (2)			
Common Stock											100,000		D (3)			
Common Stock											141,216			D (4)		
Common Stock											359.649			I (5)	BY ESOP TRUST	
Reminder: indirectly.	Report on a	separate line	for each class of secu	urities benefic	ially	ownec	l dire	etly o	or							
								cont	tained i	n this fo	orm ar	e not req	ection of ir uired to re d OMB cor	spond un	less	SEC 1474 (9- 02)
				Derivative Se e.g., puts, cal									_			
Security	tle of 2. 3. Transaction 3A. Deemed Execution Date, if Transaction of Code Derivation or Exercise (Month/Day/Year)		rative rities ired r osed )	and Expiration Date (Month/Day/Year)  Set d  d  An Un Set (In 4)		Am Und Sec (Ins	Title and ount of derlying urities str. 3 and	of Derivative Security Sec Security (Instr. 5) Ber Ow Fol Rep		Owners Form o	Ownersh y: (Instr. 4) (D)					
				Code	V	(A)	(D)	Date Exe	e rcisable	Expirati Date	on Titl	Amount or e Number of Shares				

## **Reporting Owners**

Describer Occurs Name / Address	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							

### **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 and solely by Christine L. Koski.
- (2) 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.
- (3) Shares owned directly by Robert E. Koski and indirectly by Beverly Koski, Robert E. Koski's spouse.
- (4) Shares owned directly by Beverly Koski and indirectly by Robert E. Koski, Beverly Koski's 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.