# 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) 09/09/2006						Office	r (give title belo		Other (speci		w)		
(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							
SARASO (City	OTA, FL 34	(State)	(Zip)														
		(State)			Tal								osed of, or l				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		ction	on 4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)						6. Ownersh Form: Direct (I	nip of Be	7. Nature of Indirect Beneficial Ownership	
						ode	V	(A) or		or (T)		or Indire (I) (Instr. 4)	ct (In	nstr. 4)			
Common	Stock		09/09/2006				A		78	A	\$ 19.24	97,479			D (1)		
Common	Stock											3,070,309			D (2)		
Common Stock											100,000		D (3)				
Common	Stock											141,216			D (4)		
Common Stock											382.438			I (5)		Y SOP RUST	
Reminder: indirectly.	Report on a	separate line	for each class of secu	ırities benefici	ally	owne											
								cont	ained i	n this fo	orm ar	e not req	ection of in uired to re d OMB cor	spond un	less	SEC	1474 (9- 02)
				Derivative Sec e.g., puts, call		rrant	s, op	tions	, conver	tible sec			l				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day Security Security		(Year) Execution Da	4. Transac Code Year) (Instr. 8		n of		and	and Expiration Date (Month/Day/Year)		Am Uno Sec			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form Deriv Secur Direct or Inc	of vative rity: et (D)	Beneficia	
				Code	V	(A)	(D)	Date	e rcisable	Expirati Date	on Titl	Amount or e Number of Shares					

## **Reporting Owners**

Describes Comment 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**

Paul R. Lynch, 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.