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

(Print or Type R	esponses)																		
Name and Address of Reporting Person * CARLSON ALLEN J				2. Issuer Name and Ticker or Trading Symbol SUN HYDRAULICS CORP [SNHY]									5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 02/22/2005									X Director 10% Owner X Officer (give title below) Other (specify below) President, CEO					w)
(Street)				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person					ne)
SARASOTA, FL 34243													-	Form filed by More than One Reporting Person					
(City)		(State)	(Zip)				Ta	able I - N	on-De	erivativ	e Secu	rities	Acquir	red, D	isposed (of, or Benef	ficially Own	ed	
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year		if (3. Transac Code Instr. 8)	etion	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		sed of ad 5)	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	V	Amou		Price					(Instr. 4)			
Common Stoo	ck		02/22/2005				M		1,900) A	\$ 1	6.75	36,12	8			D		
Common Stoo	ck		02/22/2005					S		1,900	D	\$	3 18	34,228			D		
Common Stoo	ommon Stock 02/23/2005							M		17,300 A \$		6.75	51,528			D			
Common Stoo	ck		02/23/2005					S		17,30	00 D	\$	3 18	34,22	.8			D	
Common Stoo	ck													1,217			I (1)	BY ESOP TRUST	
			Table II -						ed, Di	sposed	of, or l	Benef	ficially (ontrol n d	umber.			
1. Title of Derivative Security		ear) any	4. 5. Transaction of Code Pear) (Instr. 8) Sc Ar (A Di (Instr. 8) Sc Ar (I			5. N of Der Sec Acc (A) Dis (D) (Ins	. Number f Ex Operivative ecurities acquired A) or Disposed of		Expiration Date An (Month/Day/Year) Un Se		7. Tit Amou Unde Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Ownershi (Instr. 4) D)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expira Date	tion	Title		Amount or Number of Shares				
EMPLOYEE STOCK OPTION (RIGHT TO BUY)	\$ 16.75	02/22/2005	5		М			1,900		(2)	05/26	/2008	8 Com Sto	nmon	1,900	\$ 0	17,300	D	
EMPLOYEE STOCK OPTION (RIGHT TO BUY)	\$ 16.75	02/23/2005	5		M			17,300		(2)	05/26	/2008	8 Com Sto	nmon	17,300	\$ 0	0	D	

Reporting Owners

Donastina Ossa Nama / Addison	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CARLSON ALLEN J								
1500 WEST UNIVERSITY PARKWAY	X		President, CEO					
SARASOTA, FL 34243								

Signatures

Paul R. Lynch, as Attorney-in-Fact for ALLEN J. CARLSON	02/24/2005
**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).
- (1) Reflects allocations of shares under the Sun Hydraulics Corporation Employee Stock Ownership Plan.
- $\textbf{(2)} \ \ Options \ exercisable \ as \ follows: 4,000 \ on \ 6/1/99; \ 4,000 \ on \ 6/1/00; \ 4,000 \ on \ 6/1/01; \ 4,000 \ on \ 6/1/02; \ and \ 4,000 \ on \ 6/1/03.$

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.