## FORM 4

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

OMB APPROVAL						
OMB Number: 3235-0287						
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nours per respon	se 0.5					

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 * CARLSON ALLEN J					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 10% Owner					
(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 09/26/2005							y/Year)		er (give title belo		Other (specify	below)	
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	ed by One Repo	Group Filing orting Person One Reporting		able Line)	
SARASU (City	OTA, FL 34	(State)	(Zip)		7	Γah	la I - N	Von-	Dori	ivativa S	lacurities	s Acan					
1.Title of Security 2. Transaction				2А Г	Deemed	lau			n-Derivative Securities Acquaction 4. Securities Acquired					nt of Securit		6.	7. Nature
(Instr. 3) Date			Exect any	ution Date,		Code (Instr. 8)		lion	(A) or I			(D) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	Ownership Form: Direct (D)	of Indirect Beneficial Ownership	
				`	·	ĺ	Coc	de	V	Amoun	(A) or (D)	Price		isti. 3 and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		09/26/2005				S			1,610	D	\$ 23.39	34,051	1)		D	
Common	Stock		09/26/2005				S			1,844		\$ 23.40	32,207			D	
Common	Stock		09/26/2005				S			800	D	\$ 23.41	31,407			D	
Common	Stock		09/26/2005				S			3,220	11)	\$ 23.43	28,187			D	
Common	Stock												1,825.50	) (2)		I (3)	BY ESOP TRUST
Reminder:	Report on a	separate line f	for each class of sect	urities	beneficial	ly o	wned	direc	tly o	or							
								- (	cont	ained i	n this fo	orm ar	e not req	uired to re	formation espond unl ntrol numb	ess	EC 1474 (9- 02)
			Table II - I		tive Secui									l			
1. Title of Derivative Security (Instr. 3)	Conversion	Exercise (Month/Day/Year) any (Month/Dayrivative)		ate, if	4. te, if Transaction Code Year) (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Ownershi (Instr. 4)	
									Date Exe	e rcisable	Expirati Date	on Titl	Amount or Number of Shares				

### **Reporting Owners**

Personal Common Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CARLSON ALLEN J 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X		President, CEO				

#### **Signatures**

Paul R. Lynch, as Attorney-in-Fact for ALLEN J. CARLSON	09/27/2005
**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) Includes 11,887 shares issued as a result of one-for-two stock dividend declared in June 2005, payable on July 15, 2005, to shareholders of record on June 30, 2005.
- (2) Includes 608.5 shares issued as a result of one-for-two stock dividend declared in June 2005, payable on July 15, 2005, to shareholders of record on June 30, 2005.
- (3) 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.