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

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

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

Name and Address of Reporting Person * NIXON CLYDE G					2. Issuer Name and Ticker or Trading Symbol SUN HYDRAULICS CORP [SNHY]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 1500 WEST UNIVERSITY PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 07/08/2005								X Director 10% Owner X Officer (give title below) Other (specify below) Chairman of the Board					
(Street) SARASOTA, FL 34243					4. If	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 Form filed by More than One Reporting Person					
(City		(State)		(Zip)		Ta	able	I - Non	-Der	ivative S	Securit	ies Ac	cauir	ed. Dispo	sed of, or I		Owned		
1.Title of S (Instr. 3)	ecurity		2. Transa Date (Month/I		any		3. Co (In	Transac		4. Secur (A) or E (Instr. 3	ities A Dispose , 4 and (A) or	cquire d of (l	ed D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of I Ber Ow	Nature ndirect neficial nership str. 4)
Common	Stock		07/08/2	.005				S ⁽¹⁾		3,783 (2)	D	\$ 26.60 (2)	667	0			I		Wife ough ist
Common	Stock													68,280	(3)		D		
Common	mmon Stock											1,738.50 (4)					OP UST		
Reminder: indirectly.	Report on a	separate line	for each o	class of sec	urities	beneficially	ow		Per con	sons wl	n this	form	n are	not req	uired to re	formation spond un	ess	SEC 1	474 (9-02)
			,			tive Securi		Acquire	ed, D	Disposed	of, or	Benef	iciall	-					
1. Title of Derivative Security (Instr. 3)	Conversion	rcise (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) Derivative Securities Acquired (Month/Day/Year)		e te .			8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct of or India (s) (I)	Ownership of Ir Form of Benderivative Own Security: (Inst Direct (D) or Indirect									
						Code V	(1	A) (D)	Da Exc	te ercisable	Expir Date	ation ,	Title	Amount or Number of Shares					
Repor	ting O	wners																	
						Re	elati	ionships											

Describes Occurs Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
NIXON CLYDE G 1500 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	X		Chairman of the Board					

Signatures

Paul R. Lynch, as Attorney-in-Fact for CLYDE G. NIXON	07/11/2005
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) The sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 8, 2005.
- (2) Price and number of shares have been adjusted for 1 for 2 common stock dividend declared in June 2005, payable on July 15, 2005, to shareholders of record on June 30, 2005.
- (3) Includes 22,760 additional shares received as a result of the 1 for 2 common stock dividend declared in June 2005.
- (4) Includes 579.5 additional shares received as a result of the 1 for 2 common stock dividend declared in June 2005.
- (5) 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.