FORM 4	4
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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).

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

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02)

#### 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 Responses)		-								
1. Name and Address of Rep NIXON CLYDE G	2. Issuer Name <b>a</b> SUN HYDRAU			<b>.</b> .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
1500 WEST UNIVERSI	3. Date of Earliest 04/04/2006	Transactio	on (M	lonth/Day	/Year)	X Officer (give title below) Other (specify below) Chairman of the Board				
(Stre SARASOTA, FL 34243	4. If Amendment,	Date Origi	nal F	iled(Month	n/Day/Yea	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) (Sta	te) (Zip)	Tab	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yea	Execution Date, if	Code (Instr. 8)	ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		1 of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	
Common Stock	04/04/2006		S <mark>(1)</mark>		3,000	D	\$ 22.35	64,549 <sup>(2)</sup>	D	
Common Stock								2,115	I <u>(3)</u>	BY ESOP TRUST

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	5. Number 6. Date Exercisable		cisable	7. Title and		8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transactio	n oi	of		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	curities		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				А	cquir	ed			(Insti	r. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
					D	Disposed						Reported	or Indirect		
					0	of (D)						Transaction(s)	(I)		
						(Instr. 3,							(Instr. 4)	(Instr. 4)	
					4,	4, and 5)									
											Amount				
								Date	Evaluation		or				
								Date Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code V	/ (	A) (	(D)				Shares				

## **Reporting Owners**

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

### Signatures

Paul R. Lynch, as Attorney-in-Fact for CLYDE G. NIXON

\*\*Signature of Reporting Person

04/06/2006 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) Sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 3/31/06.

(2)

Includes 228 shares purchased through the Sun Hydraulics Corporation Employee Stock Purchase Plan during the quarter ended December 31, 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.