FORM 4	ŀ
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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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SEC 1474 (9-

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 Respon	ses)										
1. Name and Address NIXON CLYDE C	2. Issuer Name a SUN HYDRAU			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
1500 WEST UNIV	3. Date of Earliest 10/09/2006	Transactio	n (M	onth/Day	/Year)	X Officer (give title below) Other (specify below) Chairman of the Board					
SARASOTA, FL 3	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
				Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		10/09/2006		S <mark>(1)</mark>		60	D	\$ 20.85	63,829	D	
Common Stock									2,113	I <u>(2)</u>	BY ESOP TRUST

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)																	
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	. Nu	Number 6. Date F		6. Date Exercisable		tle and	8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transactio	on o	of		and Expiration Date		Amount of D		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	D	Deriva	ative	(Month/Day/Year)		Underlying Securi		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	Securi	curities		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership			
	Derivative			1	A	Acqui	red			(Insti	r. 3 and		Owned	Security:	(Instr. 4)		
	Security				(4	A) or				4)			Following	Direct (D)			
				1	Ľ	Disposed							Reported	or Indirect			
					0	of (D)							Transaction(s)	(I)			
				1	~	(Instr. 3,						(Instr. 4)	(Instr. 4)				
				1	4	4, and 5)		I, and 5)								1	
											Amount						
								Data	Emination		or			1			
								Date Exercisable	Expiration Date	Title	Number			1			
								Exercisable	Date		of						
				Code V	V ((A)	(D)				Shares						

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	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

10/11/2006 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 9/29/06.

(2) 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.