SHIFFMAN GARY A

Form 4

VALUE

December 17, 2018

December 1/,	2018												
FORM	4 UNITED S	TATES	SECURI	TIES AN	ND EXC	HAN	IGE (COMMISSION	_	APPROVAL			
Check this				ington, I			,02 ,	0 0 1 1 2 1 1 2 2 2 2 2 3 1	Number:	3235-0287			
if no longe subject to Section 16. Form 4 or Form 5 obligations may contin	uant to S) of the P	ection 160	SECURI (a) of the lity Holdi	TIES Securition Comp	es Ex pany	chang Act o	NERSHIP OF ge Act of 1934, f 1935 or Section	burden heresponse	ated average n hours per				
1(b).													
(Print or Type Re	sponses)												
SHIFFMAN GARY A Syr				2. Issuer Name and Ticker or Trading Symbol SUN COMMUNITIES INC [SUI]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M		3. Date of E			c (St	J1j	(Che	ck all applica	ble)			
27777 FRAN 200	KLIN ROAD, S		(Month/Day 12/14/201					_X_ Director _X_ Officer (giv below)		0% Owner Other (specify			
	(Street)		4. If Amend Filed (Month		e Original			6. Individual or J Applicable Line) _X_ Form filed by	One Reporting	Person			
SOUTHFIEL	D, MI 48034							Form filed by Person	viore man One	Reporting			
(City)	(State)	Zip)	Table	I - Non-De	rivative S	ecurit	ies Acc	quired, Disposed o	of, or Benefic	ially Owned			
1.Title of Security (Instr. 3)	y (Month/Day/Year) Execution Date, if			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
COMMON				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
STOCK, \$0.01 PAR VALUE	12/14/2018			F	2,907	D	\$0	1,396,800	D				
COMMON STOCK, \$0.01 PAR VALUE								341,763	I	Shares held by LLC (1)			
COMMON STOCK, \$0.01 PAR								86,810	I	Owned by irrevocable			

trust (2)

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired]
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	m: .1	or		
						Exercisable 1	Date	Title	Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Relationships

Reporting Owners

Reporting Owner Name / Address								
	Director	10% Owner	Officer	Other				
SHIFFMAN GARY A								
27777 FRANKLIN ROAD	X		Chairman & CEO					

SUITE 200

SOUTHFIELD, MI 48034

Signatures

Gary A. 12/17/2018 Shiffman

**Signature of Date Reporting Person

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).
- Owned by certain limited liability companies of which the reporting person is a member and a manager. The reporting person disclaims beneficial ownership, except to the extent of his pecuniary interest therein.
- (2) Owned by irrevocable trust of which the reporting person is not a trustee.

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.

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