Edgar Filing: SHIFFMAN GARY A - Form 4

SHIFFMAN (Form 4	GARY A										
February 20, 2										OMP	APPROVAL
FORM	4 UNITED S	TATES						IGE (COMMISSION		
Check this	box		Wash	ingto	n, I	D.C. 205	549			Number:	3235-0287 January 31,
if no longe subject to Section 16 Form 4 or	if no longer subject to Section 16. Form 4 or							Estimate burden h	Expires: 200 Estimated average burden hours per response 0.		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the		lity Ho	oldi	ng Com	pany	Act of	e Act of 1934, f 1935 or Sectic 40	on	
(Print or Type Re	esponses)										
1. Name and Ad SHIFFMAN	ldress of Reporting P GARY A	erson <u>*</u>	2. Issuer I Symbol						5. Relationship o Issuer	f Reporting F	Person(s) to
(Last)	(First) (M	iddle)	SUN COMMUNITIES INC [SUI] (Check 3. Date of Earliest Transaction				ek all applicable)				
27777 FRANKLIN ROAD, SUITE 02/15/20 200			Day/Year)					X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO			
SOUTHEIEI	(Street) LD, MI 48034		4. If Amend Filed(Month			Original			6. Individual or J Applicable Line) _X_ Form filed by Form filed by 1	One Reporting	Person
(City)		Zip)							Person		
	. , ,				-De			ies Aco	uired, Disposed o		•
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execut any	eemed ion Date, if n/Day/Year)	3. Transa Code (Instr.		4. Securi onAcquired Disposed (Instr. 3,	d (A) c d of (E))	5. Amount of Securities Beneficially Owned 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		Price	(Instr. 3 and 4)		
STOCK, \$0.01 PAR VALUE	02/15/2019			F		3,814	D	\$0	1,392,986	D	
COMMON STOCK, \$0.01 PAR VALUE									341,763	I	Shares held by LLC (1)
COMMON STOCK, \$0.01 PAR VALUE									86,810	I	Owned by irrevocable trust $\frac{(2)}{2}$

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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.

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	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								,	Amount		
									Amount		
						Date	Expiration)ľ		
						Exercisable	Date		Number		
				Cala V	(A) (D)				of No and a		
				Code V	(A) (D)			2	Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SHIFFMAN GARY A 27777 FRANKLIN ROAD SUITE 200 SOUTHFIELD, MI 48034	Х		Chairman & CEO					
Signatures								
Gary A								

Gary A.	02/20/2019
Shiffman	02/20/2019

<u>**</u>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) 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.