SUN COMMUNITIES INC

Form 4

March 21, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

SUN COMMUNITIES INC [SUI]

Symbol

1(b).

(Print or Type Responses)

SHIFFMAN GARY A

1. Name and Address of Reporting Person *

See Instruction

			SONCO	(Check all applicable)					ble)		
(Last) 27777 FRAN 200	7777 FRANKLIN ROAD, SUITE		3. Date of Earliest Transaction (Month/Day/Year) 03/20/2017				X Director 10% OwnerX Officer (give title Other (specify below) Chairman & CEO				
Filed				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			
SOUTHFIEL	LD, IVII 46034	ł						Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acc	quired, Disposed	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3) COMMON STOCK, \$0.01 PAR	2. Transaction (Month/Day/Y	Year) Execu	Deemed ation Date, if th/Day/Year)	Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3, Amount	d (A) od of (D) 4 and (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
VALUE COMMON STOCK, \$0.01 PAR VALUE								453,841	I	Shares held by LLC (1)	
COMMON STOCK, \$0.01 PAR VALUE								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.

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SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctionNum	nber	Expiration D	ate	Amou	unt of	Derivative
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8) Deri	vative			Secur	rities	(Instr. 5)
	Derivative				Secu	ırities			(Instr	. 3 and 4)	
	Security				Acqı	uired					
	·				(A) (or					
					` ′	osed					
					of (I						
					(Inst	· /					
					4, an	- 1					
					,	/					
										Amount	
							Date	Expiration		or	
								Date	Title	Number	
								Date	of	of	
				Code	V (A)	(D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips						
	Director	10% Owner	Officer	Other			
SHIFFMAN GARY A							
27777 FRANKLIN ROAD	X		Chairman & CEO				
SUITE 200	Λ		Chairman & CEO				
SOUTHFIELD, MI 48034							

Signatures

Gary A.
Shiffman

**Signature of Date

**Signature of E 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).
- (1) Owned by certain limited liability companies of which the reporting person is a member and a manager.
- (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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