FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																		
Name and Address of Reporting Person*  Printed Type  Printed Type			2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [									Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Bricker Jude				SNCY ]									1	Direc	tor	10% Owner		vner		
(Last)	(Last) (First) (Middle)														Office below	er (give title v)		Other (specify below)		
C/O SUN COUNTRY AIRLINES HOLDINGS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Chief Executive Officer							
2005 CARGO ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)						
,	APOLIS M	N 5	5450											1		•	•	-		
														Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	<u>Z</u> ip)																	
		Table	I - N	on-Deriva	tive	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N			Execution D		on Date,					Acquired (A) or (D) (Instr. 3, 4 ar		nd 5) Securi Benefi		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(11150.4)	
Common Stock, par value \$0.01 per share			24		S		2,193(1)	D	\$10.8	.8298		0,712	D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	tete onth/Day/Year)   Execution Date, if any (Month/Day/Year)   Transaction Code (Instr. 8)   Sec Acq (A) O Dispose of (I (Instr. 1))			of	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) Securi Under Deriva Securi 3 and					Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forr Dire or In (I) (I	ership n: ct (D) direct nstr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

## Explanation of Responses:

1. Represents the number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale is mandated to satisfy the tax withholding obligations which are funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

> /s/ Rose Neale, attorney-infact for Jude Bricker

10/03/2024

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.