FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	$D \subset$	20540	
wasnington.	D.C.	20049	

STATEMENT	OF CHAN	GES IN BE	NEFICIAL	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

OMB APPROVAL									
OMB Number: 3235-0287									
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hours per response:									

	Check this box to indicate that a transaction was made pursuant to 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 10b5-1(c). See Instruction 10.
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Instruction 1(b).

	ee Instruction 1				1														
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DAVIS DAVID M						SNCY]								✓ Director				10% O	wner
(Last) (First) (Middle)						SNCI								1	Office below	er (give title v)		Other (s	specify
C/O SUN COUNTRY AIRLINES HOLDINGS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024								President & CFO						
2005 CA	ARGO ROA	D			4. If a	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine)	Form	filed by One	e Repor	tina Pers	on
MINNEAPOLIS MN 55450														Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Table	l - No	n-Deriva	tive	Secui	rities	Acc	quire	ed, Di	sposed o	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ar) E	A. Deen execution f any Month/D	Date, Ti		Transaction Disposed Of (acquired (A) or D) (Instr. 3, 4 and 5		Benefic Owned		ities icially d Following	Form: (D) or Indired	rm: Direct of line of	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									ode	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock, par value \$0.01 per share 09/03/202			24				s		4,294	D	\$10.94	432(1)		39,251		D			
		Та									posed of, convertil				Owne	d	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise of (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Securit Acquire		itive ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amor Secu Unde Deriv Secu	Amount of Der Securities Sec		b. Price of Derivative Security Instr. 5) Security Securities Beneficially Owned Following Reported Transactior (Instr. 4)		y Di or (I)). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)				
					Code	v	(A)	(D)	Date Expir Exercisable Date		Expiration Date	Title	Amount or Number of Shares	r					

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.94 to \$10.97, inclusive. The reporting person undertakes to provide to Sun Country Airlines Holdings, Inc. ("Sun Country"), any security holder of Sun Country, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

/s/ Rose Neale, attorney-infact for David M. Davis

09/04/2024

** 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.