FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |

0.5

hours per response:

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

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

| Name and Address of Reporting Person* O'Keeffe Patrick J. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [| | | | | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) | | | | | |
|---|--|---|------------|---|---|---|---|--|------|--------------------|--|-----------------------------------|--|--|--|--|------------------------------|---|--|--|
| (Last) (First) (Middle) | | | | | | SNCY] 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023 | | | | | | | | | Director Officer (give title below) | | 10% Ow Other (s below) | | | |
| C/O SUN COUNTRY AIRLINES HOLDINGS, INC. 2005 CARGO ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/16/2023 | | | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (Street) MINNEAPOLIS MN 55450 (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| (City) | sa | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. ive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | tion | Deemed 3. Cution Date, y | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed and 5) | | | es Acq | uired (| (A) or 3, 4 Secur Benef Owne Follow | | ount of ties cially I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | rice | | ted action(s) 3 and 4) | | | | |
| Common Stock, par value \$0.01 per share 06/14/2 | | | | | | 2023 | | | A | | 6,186 | 6 A \$ | | \$0 ⁽¹⁾ | 17,317 | | .7 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) of Dispo | (Month/Day/\textitoring) civative curities quired or posed D) str. 3, 4 | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

Explanation of Responses:

1. On June 16, 2023, the reporting person filed a Form 4 which reported an incorrect price. The correct price for the reported transaction is \$0.

/s/ Rose Neale, attorney-infact for Patrick O'Keeffe

06/16/2023

** 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.