FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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* Levenhagen Eric						2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [SNCY								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	<u></u>	-			_ []									X		or (give title		10% Ov Other (s	· I
(Last)	(Fi	rst)	(Middle)											below)			below)	
C/O SUN COUNTRY AIRLINES HOLDINGS,						3. Date of Earliest Transaction (Month/Day/Year) 10/20/2021									Chief	Admin. (Jtt.,	GC & Sec	2.
INC.																			
		_ 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form filed by One Reporting Person				n
MINNEAPOLIS MN 55450															Form filed by More than One Reporting				
															Person				
(City)	(Si	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo						Execution Date		Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficia Owned Fo		es For ially (D)		n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$0.01 per share 10/20/202						.1			M		3,604	A	\$5.3	3	4,	4,941		D	
Common Stock, par value \$0.01 per share 10/20/202				021	1		S ⁽¹⁾		3,604	D	\$32.048)483 ⁽²⁾		1,337		D			
		T	able	II - Deriva	ative	Secu	ritie	s Acc	uired	. Dis	sposed of	. or Be	neficial	lv O	wned				
											, converti								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ (Instr. 3	of es ing /e Security	De Se (In	Price of crivative curity estr. 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 Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Employee Stock Option (Right to	\$5.3	10/20/2021			M			3,604	(3))	11/21/2028	Commor Stock	3,604		\$0	120,323	3	D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.00 to \$32.15, 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 (3) to this Form 4.
- $3.\ Vest\ in\ four\ annual\ installments,\ subject\ to\ continued\ service,\ beginning\ April\ 11,\ 2019.$

<u>/s/ Eric M. Levenhagen</u>
** Signature of Reporting Person

10/22/2021

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.