FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Г |                          |     |  |  |  |  |  |  |  |  |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
|   | OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
| ı |                          |     |  |  |  |  |  |  |  |  |
| l | OMB Number: 3235-03      |     |  |  |  |  |  |  |  |  |
| l | Estimated average burden |     |  |  |  |  |  |  |  |  |
| l | hours per response       | 0.5 |  |  |  |  |  |  |  |  |

|        | Check this box if no longer subjec |
|--------|------------------------------------|
|        | to Section 16. Form 4 or Form 5    |
| $\cup$ | 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

| 1. Name and Address of Reporting Person*  DAVIS DAVID M  (Last) (First) (Middle)  C/O SUN COUNTRY AIRLINES HOLDINGS, INC.  2005 CARGO ROAD  (Street) |  |       |  |                        | Issuer Name and Ticker or Trading Symbol     Sun Country Airlines Holdings, Inc. [     SNCY ]      Date of Earliest Transaction (Month/Day/Year)     05/08/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)                               |  |                        |     |   |      |                                       |  | (Chec<br>X<br>X<br>6. Inc<br>Line) | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  President & CFO  6. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person Form filed by More than One Reporting |  |  |                            |   |  |
|--|--|-------|--|------------------------|---|--|------------------------|-----|---|------|---------------------------------------|--|------------------------------------|--|--|--|----------------------------|---|--|
| MINNEAPOLIS MN 55450  (City) (State) (Zip)   |  |       |  |                        | Rule 10b5-1(c) Transaction Indication  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. |  |                        |     |   |      |                                       |  |                                    |  |  |  |                            |   |  |
|  |  | Table | l - Noi  | n-Derivat              | tive Se   | ecur   | ities                  | Acq | uired, [  | Disp | osed of                               | or l   | Bene                               | ficial   | ly Owr   | ned  |                            |   |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |  |       |  |                        | tion  | 2A. D<br>Exec<br>if any  | Deemed<br>cution Date, |     |   |      | ties Acquired (<br>d Of (D) (Instr. 3 |  | A) or                              | 5. Amo<br>Securi<br>Benefi<br>Owned<br>Follow  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following         |  | n: Direct<br>or<br>ect (I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |       |  |                        |   |  |                        |     | Code  | v    | Amount                                | (A<br>(D                                     | ) or P                             | Price  |  | rted<br>action(s)<br>3 and 4)                                      |                            |   |  |
| Common Stock, par value \$0.01 per share 05/08/2   |  |       |  |                        |   | 2023   |                        |     | A   |      | 20,488                                |  | A                                  | \$0 3  |  | 33,902   |                            | D   |  |
|  |  | Tab   |  | Derivativ<br>(e.g., pu |   |  |                        |     |   |      |                                       |  |                                    |  | Owne   | ed   |                            |   |  |
| Derivative Security (Instr. 3)   | titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |       | 4. Transaction Code (Instr. 8) Solution Securities Acquired (A) or Dispose of (D) (Instr. 3, and 5)  Code V (A) (D |                        | ative<br>rities<br>ired<br>osed   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |                        |     | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amou or Numb of Title Share: |      | 4) De Se (In                          | Price of<br>erivative<br>ccurity<br>estr. 5) |                                    |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                            |   |  |

Explanation of Responses:

/s/ Rose Neale, as attorney-infact for David Davis 05/10/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.