FORM 4

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

| •                                            | OMB APPRO                | JVAL      |  |  |
|----------------------------------------------|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:              | 3235-0287 |  |  |
|                                              | Estimated average 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).

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*  Zuazua Juan Carlos  (Last) (First) (Middle)  C/O SUN COUNTRY AIRLINES HOLDINGS, |                                                                                                                                                                                                                                                                                                        |  |          |                                        | Sun Country Airlines Holdings, Inc. [     SNCY ]  3. Date of Earliest Transaction (Month/Day/Year) 03/19/2021 |                                                |                                                                 |                                                           |                                                                   |                                                          |                                                                                                     |               |                                                               | (Chec | 5. Relationship of Repo<br>(Check all applicable)<br>X Director<br>Officer (give ti<br>below)                                                  |                                      |                                                                   | rson(s) to Is<br>10% Ov<br>Other (s<br>below)        | vner |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|------|
| INC. 2005 CARGO ROAD  (Street)  MINNEAPOLIS MN 55450  (City) (State) (Zip)                                                |                                                                                                                                                                                                                                                                                                        |  |          |                                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                                      |                                                |                                                                 |                                                           |                                                                   |                                                          |                                                                                                     |               |                                                               | Line) | i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |                                      |                                                                   |                                                      |      |
| (City)                                                                                                                    | (30                                                                                                                                                                                                                                                                                                    |  |          | Dorivo                                 | tivo S                                                                                                        | 200111                                         | rition                                                          | Λοσ                                                       | uirad                                                             | Dies                                                     | acced of                                                                                            | or E          | Panafi                                                        | oioll |                                                                                                                                                |                                      |                                                                   |                                                      |      |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                                       |                                                                                                                                                                                                                                                                                                        |  |          | ction 2A. E<br>Exec<br>ay/Year) if any |                                                                                                               | . Deemed<br>ecution Date,                      |                                                                 | 3. 4. Securiti<br>Transaction Disposed<br>Code (Instr. 5) |                                                                   | ies Acquired (A) or Of (D) (Instr. 3, 4 au (D) (D) Price |                                                                                                     | ) or<br>4 and | 5. Amount of Securities Beneficially Owned Following Reported |       | Forn<br>(D) o                                                                                                                                  | n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                                      |      |
| Common Stock, par value \$0.01 per share 03/19/2                                                                          |                                                                                                                                                                                                                                                                                                        |  |          |                                        | 2021                                                                                                          |                                                |                                                                 |                                                           | P                                                                 |                                                          | 1,000                                                                                               | A             |                                                               | \$24  | 1,000                                                                                                                                          |                                      |                                                                   | D                                                    |      |
| 1. Title of                                                                                                               | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  1. Title of   2.   3. Transaction   3A. Deemed   4.   5. Number   6. Date Exercisable and   7. Title and   8. Price of   9. Number of   10.   11. Nature |  |          |                                        |                                                                                                               |                                                |                                                                 |                                                           |                                                                   |                                                          |                                                                                                     |               |                                                               |       |                                                                                                                                                |                                      |                                                                   |                                                      |      |
| Derivative<br>Security<br>(Instr. 3)                                                                                      |                                                                                                                                                                                                                                                                                                        |  | on Date, | Transaction<br>Code (Instr. 8)         |                                                                                                               | of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo | Experivative securities sequired (Mossosod (D) nstr. 3, 4 dd 5) |                                                           | expiration Date Month/Day/Year)  Date Expiration Exercisable Date |                                                          | Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares |               | Derivative Security (Instr. 5)                                |       | derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4)                                         | у                                    | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |      |

**Explanation of Responses:** 

/s/ Eric Levenhagen, as attorney-in-fact for Juan Carlos Zuazua

03/22/2021

Date

\*\* Signature of Reporting Person

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.