FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| ١ | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | 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

| (Last) | C/O SUN COUNTRY AIRLINES HOLDINGS, | | | | | | Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [SNCY] Date of Earliest Transaction (Month/Day/Year) 06/08/2023 | | | | | | | | | Relationship of Reporting Person(s) to Issue heck all applicable) X Director 10% Owner X Officer (give title Other (specibelow) President & CFO | | | | |
|--|---|---------|--------|--------------------------------|-------------------------|--|---|--------------------------------|--------------------|--|--------------------------------------|-------------------------------------|---------------------------------|--|--|--|--|---|--|--|
| 2005 CA | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | , | | | | | | | | | |
| (Street) MINNEAPOLIS MN 55450 | | | | | | | | | | | | | | | Person | | | | | |
| (City) | (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 I | l - No | n-Deriva | tive S | ecur | ities | Acc | uired, | Dis | posed of | f, or E | 3enefi | cially | y Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execut (Year) if any | | eemed ution Date, :h/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Sec Ben Owr Foll | | Amount of curities neficially vned llowing | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | • | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common share | 023 | | | | S | | 940 | D | \$19 | 19.976 | | 32,962 | | 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) | rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | 4. Transac Code (I 8) | | Secu Acqu (A) o Disp of (D | vative irities ired ir osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da | Year) Secui Unde Deriva Secui | | int of rities rlying ative | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Number of Shares | | | | | | | |

Explanation of Responses:

/s/ Rose Neale, as attorney-infact for David Davis 06/09/2023

** 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.