FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
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 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* Gyurci John						2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [SNCY]								5. Relationship of Repo (Check all applicable) Director X Officer (give ti			g Pers	son(s) to Iss 10% Ov Other (s below)	wner
(Last) C/O SUNINC.	•	(First) (Middle) NTRY AIRLINES HOLDINGS,				3. Date of Earliest Transaction (Month/Day/Year) 10/05/2021									below) below) Chief Acct. Off. & VP, Finance				
(Street) MINNEA	APOLIS M		55450 (Zip)		_	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	Non-Deriv	vative	Sec	urit	ies A	cauired	1. D	isposed o	of. or B	enefic	ially	Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				ion	2A. Deemed Execution Date,		3. 4.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securitie Benefici Owned I		int of 6. C es For ially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)			Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock, par value \$0.01 per share 10/05/202					021	21			М		7,953	A	\$5	5.3	8,	,988		D	
Common Stock, par value \$0.01 per share 10/05/202				021	21		S ⁽¹⁾		7,953	D	\$36.2	2132 ⁽²⁾		1,035		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)	2. Conversion or Exercise Price of Derivative Security		if any	emed tion Date, n/Day/Year)		ransaction ode (Instr.		vative urities uired or oosed O) tr. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber					
Employee Stock Option (Right to	\$5.3	10/05/2021			M			7,953	(3)		11/21/2028	Commo	ⁿ 7,9	53	\$0	50,423		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 \$36.04 to 36.53, 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 (2) to this Form 4.
- 3. Vest in four annual installments, subject to continued service, beginning April 11, 2019.

/s/ Eric Levenhagen, as attorney-in-fact for John

10/06/2021

Gyurci

** 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.