FORM 4

Check this box if no longer subject

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

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| to Section 16. Form 4 or Form 5 |                      |                       |                               |
|---------------------------------|----------------------|-----------------------|-------------------------------|
| obligations may continue. See   |                      |                       |                               |
| Instruction 1(b).               | Filed pursuant to Se | ction 16(a) of the Se | curities Exchange Act of 1934 |
|                                 | or Section 30        | (h) of the Investment | Company Act of 1940           |

| 1. Name and Address of Reporting Person*  Bricker Jude       |   |         |                | 2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. SNCY                     |  |   |                         |   |                 |                   | k all app<br>Direc   | tor 10% Owne   |   | vner   |  |   |  |  |  |
|--|---|---------|----------------|--|--|---|-------------------------|---|-----------------|-------------------|--|--|---|--|--|---|--|--|--|
| (Last) (First) (Middle) C/O SUN COUNTRY AIRLINES HOLDINGS,   |   |         |                |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024   |                         |   |                 |                   |  | X  | belov   | icer (give title ow) Chief Executive                                     |  | Other (specify below)  ve Officer                   |  |  |  |
| INC.<br>2005 CARGO ROAD                                      |   |         |                | 4. If <i>F</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                         |   |                 | Line)             | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person |  |   |  |  |   |  |  |  |
| (Street) MINNEAPOLIS MN 55450                                |   |         |                |  |  |   |                         |   |                 |                   |  | Form filed by More than One Reporting<br>Person  |   |  |  | orting  |  |  |  |
| (City)   | (Sta  | ate) (Z | Zip)           |  | $ _{\Box}$   | 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 - No         | n-Deriva   | tive S   | Secui   | rities                  | Acq   | uired,          | Dis               | posed of   | , or E   | Bene  | ficiall  | y Own  | ed  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |         | Execution Date |  | Date,  | 3.<br>Transaction<br>Code (Instr.<br>8)   |                         | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5)                                       |                 |                   |  | Securit<br>Benefic   | curities F<br>neficially (<br>ned Following ( |  | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |  |
|  |   |         |                |  |  | Code  | v                       | Amount  | (A)<br>(D)      | or                | Price  | Transa   | saction(s)<br>r. 3 and 4)                     |  |  | (Instr. 4)  |  |  |  |
| Common Stock, par value \$0.01 per share 01/09/2             |   |         | 2024           |  | Α  |   | 55,211 <sup>(1)</sup> A |   | A               | \$ <mark>0</mark> | 127,136  |  |   | D  |  |   |  |  |  |
|  |   | Tal     |                |  |  |   |                         |   |                 |                   | osed of, o   |  |   |  | Owne   | d   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |         |                | saction e (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)  |                         | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                 | De<br>Se<br>(In   | Price of<br>erivative<br>ecurity<br>estr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 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) |   |  |  |  |
|  |   |         |                |  | Code   | v   | (A)                     | (D)   | Date<br>Exercis | able              | Expiration<br>Date   | Title  | Amor<br>or<br>Numi<br>of<br>Share             | ber  |  |   |  |  |  |

## **Explanation of Responses:**

1. Represents the grant of restricted stock units made under the Sun Country Airlines Holdings, Inc. 2021 Omnibus Incentive Plan ("RSUs"). 1/3rd of these RSUs will vest and be settled on each of the first three anniversaries of the grant date, subject to continued employment.

/s/ Rose Neale, attorney-infact for Jude Bricker

01/11/2024

\*\* 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.