FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5     |
| obligations may continue. See       |
| Instruction 1(b).                   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*     Levenhagen Eric        |   |         |        |           |   | 2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [ SNCY] |  |   |        |                                      |                        |  |   |   | all app              | licable)   | ng Person(s) to I<br>10% C<br>Other                  |   |  |
|--|---|---------|--------|-----------|---|---|--|---|--------|--------------------------------------|------------------------|--|---|---|----------------------|--|--|---|--|
| (Last) (First) (Middle) C/O SUN COUNTRY AIRLINES HOLDINGS.       |   |         |        |           | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2023   |   |  |   |        |                                      |                        |  |   | X   | below) Chief Human R |  | lesou  | below)  |  |
| INC.<br>2005 CARGO ROAD  |   |         |        |           | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |  |   |        |                                      |                        |  |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |                      |  |  |   | on   |
| (Street) MINNEAPOLIS MN 55450                                    |   |         |        |           |   |   |  |   |        |                                      |                        |  | Form filed by More than One Reporting<br>Person |   |                      |  |  | orting  |  |
| (City)   | (St   | ate) (2 | 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. |   |  |   |        |                                      |                        |  |   |   | nded to              |  |  |   |  |
|  |   | Table   | I - N  | on-Deriva | tive S  | Secui   | rities   | Ac  | quire  | d, Dis                               | sposed of              | , or E   | Benefic   | ially   | Own                  | ed   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |   |         |        |           | Execution [   |   | tion Da  | on Date, Tra                                |        | Transaction Disposed Of Code (Instr. |                        | s Acquired (A) or<br>f (D) (Instr. 3, 4 a  |   | and 5) Securi<br>Benef  |                      | cially<br>d Following  | Fori<br>(D)  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |
|  |   |         |        |           |   |   |  |   |        | v                                    | Amount                 | (A) or<br>(D)  | Price   | Transa  |                      | action(s)<br>. 3 and 4)  |  |   | (Instr. 4)   |
| Common Stock, par value \$0.01 per share                         |   |         |        |           |   | 023   |  |   | S      |                                      | 575 <sup>(1)</sup>     | D  | \$14.4  | .047 1  |                      | 11,280   |  | D   |  |
|  |   | Tal     | ole II |           |   |   |  |   |        |                                      | oosed of,<br>convertib |  |   |   | Owne                 | d  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date, if any |         |        |           | 4.<br>Transaction<br>Code (Instr.<br>8)   |   | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo<br>of (D)<br>(Instr | rities<br>ired<br>r<br>osed<br>)<br>r. 3, 4 | Expira | te Exer<br>ation D<br>th/Day/        |                        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |   |   |                      | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst | Ownership   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |         |        |           |   | Code V (A) (D)  |  | (D)   |        |                                      | Expiration<br>Date     | Title  | Amount<br>or<br>Number<br>of<br>Shares          | r   |                      |  |  |   |  |

## **Explanation of Responses:**

1. Represents the number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale is mandated to satisfy the tax withholding obligations which are funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

/s/ Rose Neale, as attorney-infact for Eric M. Levenhagen

10/05/2023

\*\* 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.