FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| Check this box if no longer subject | STATE |
|-------------------------------------|-------|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

EMENT 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* Bricker Jude | | | | | 2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [SNCY] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specif | | | | | | | |
|---|---|--|----------------|--|---|--|---|-----|--|--------|--------------------|--|---|---|-------|--|---------------|--|--|--|
| (Last) (First) (Middle) C/O SUN COUNTRY AIRLINES HOLDINGS, | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2023 | | | | | | | | X | below | | utive | below) | ъреспу | |
| INC. 2005 CARGO ROAD | | | | | 4. If A | 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 | | | | | | |
| (Street) MINNEAPOLIS MN 55450 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | 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 - 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/Y | | | | | Executi Year) if any | | emed tion Date, n/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | nd 5) Securi Benefi | | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Trai | | action(s) 3 and 4) | | | | |
| Common Stock, par value \$0.01 per share | | | | | |)23 | | | | | 2,145(1) | D | \$14.2 | 2545 7 | | 74,546 | | D | | |
| | | Tal | ole II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | peemed ution Date, / th/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price Deriva Securi (Instr. ! | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

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, attorney-in-

fact for Jude Bricker

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.