FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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

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

1. Name and Address of Reporting Person* Gyurci John (Last) (First) (Middle) C/O SUN COUNTRY AIRLINES HOLDINGS, INC. 2005 CARGO ROAD (Street) MINNEAPOLIS MN 55450					2. Issuer Name and Ticker or Trading Symbol Sun Country Airlines Holdings, Inc. [SNCY] 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication							6. Liı	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Acct. Off. & VP, Finance S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(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.											nded to							
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		tion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)		s Acquire of (D) (Ins	ed (A) or etr. 3, 4 a	5. Amount of Securities Beneficially Owned Following Reported		int of es ally Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	\ <u>\</u>	Amount	(A) or (D)	FIICE	(In	str. 3	and 4)				
Common Stock, par value \$0.01 per share 04/03/2			-				S	_	105(1)	D	\$19.			1,769		D		
Common Stock, par value \$0.01 per share 04/03/2				-				S		3(1)	D	\$19.	_			D		
Common Stock, par value \$0.01 per share 04/03/2								S		266(1)	D	, , ,				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 of Exercise Price of Derivative Security		if any	emed ion Date, //Day/Year)	4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		tte ear)	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amoun or Numbe of Title Shares		t		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)	

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-in-

** Signature of Reporting Person

fact for John Gyurci

04/05/2023

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.