FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
bligations may continue. See	
actruction 1(h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SCHRUM ROGER P						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2018								r (give title) Invstr Rel & C		Other (s below) rp Affairs	·	
(Street) HARTSVILLE SC 29551-0160 (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative	Sec	urities	s Acc	quired, D	isn	osed o	f. or Be	neficial	lv Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	ction 2A. Deemed Execution Date,			3. 4. S Transaction Code (Instr. 5)		4. Securi	ties Acquire I Of (D) (Ins	ed (A) or	5. Amour Securitie Beneficia Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code V		Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
	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)	ittle of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year) if any			Transaction of E Code (Instr. Derivative (N			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Code		v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares								
Dividend Equivalents on Restricted Stock Units	\$0.0000(1)	03/09/2018			A		141		(2)		(2)	Common Stock	141	\$49	4,004.	4	D		
Phantom Stock Units	\$0.0000(3)	03/09/2018			A		137.2		(4)		(4)	Common Stock	137.2	\$49	17,360	.8	D		

Explanation of Responses:

- 1. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock
- 2. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.
- 3. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 4. Acquired on quarterly dividend on Sonoco Products Company's officers' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

By: Elizabeth R. Kremer -Power of Attorney for Roger P. 03/13/2018 **Schrum**

** 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.