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
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Tiede Robert C (Last) (First) (Middle) ONE NORTH SECOND ST						Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2018								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) Executive VP & COO				
(Street)	HARTSVILLE SC 29551-0160 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	2/ Ex r) if	A. Deeme xecution any nonth/Da	ed Date,	3. 4. Sector Dispose Code (Instr. 5)		4. Securi	of, or Benefici rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F	nt of s 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		ble and	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)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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		146.7		(2)		(2)	Common Stock	146.7	\$49	4,294		D	
Phantom Stock Units	\$0.0000 ⁽³⁾	03/09/2018			Α		239.4		(4)		(4)	Common	239.4	\$49	30,323	.3	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 -

03/13/2018 Power of Attorney for Robert

. Tiede

** 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.