FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | OMB APPROVAL | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
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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* MICALI JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|--|-------|---|--|--|-----|--|---|---|---|--------------------------------|---|---|---|-----------------------------------|--|--|
| | | | | | = | ,,,, | | 110 | DOCIO | | <u> </u> | , 1 | | 2 | V Direct | or | | 10% O | wner |
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2016 | | | | | | | | _ | Office below | r (give title) | | Other (s | specify | |
| P O BOX 160 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | HARTSVILLE SC 29551-016 | | 50 | | | | | | | | | | Line | X Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Executi | | A. Deemed execution Date, any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 5. Amou Securiti Benefic Owned Reporte | es ially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Pri | | Transac (Instr. 3 | tion(s) | | | (30. 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/Day | Date, | 4. Transactic Code (Ins 8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amo or Num of Shar | ber | | | | | |
| Phantom Stock Units | (1) | 07/01/2016 | | | A | | 858 | | (2) | | (2) | Common Stock | 85 | 58 | \$50.12 | 43,161.8 | | D | |

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 2. The phantom stock units were accrued under the Sonoco Products Company directors deferred compensation plan and are to be settled in Sonoco Products Company common stock 6 months after the reporting person's retirement.

By: Elizabeth R. Kremer-

Power of Attorney for James 07/06/2016

M. Micali

** 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.