FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

Estimated average burden hours per response: 0.5

## 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

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1. Name and Address of Reporting Person* <u>Puechl Robert L.</u>				2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner				
(Last) ONE NOR POBOX	(Firs RTH SECON	•	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017						2	X Officer (give title below) Other (specify below)  VP Global Flexible Pkg				
(Street) HARTSVILLE SC 29551-0160				4. If	Ameno	dment, [	Date o	of Original Filed	l (Month/Day	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					
(City)	(Side			vative	Sec	urities		quired Dis	enosed of	or Ren	eficially	, Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				saction	action 2A. Deemed Execution Date,		Code (Instr. 5)			(A) or	5. Amoun Securities Beneficia Owned Fo	Forr (D)	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s) nd 4)		(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. 3. Transaction SA. Deemed Execution I or Exercise (Month/Day/Year)		3A. Deemed Execution Date,	4. Transaction Code (Instr. 8) 5. Num of Derivat Securit Acquir (A) or Dispos of (D)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		sable and te	able and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	\$0.0000(1)	02/08/2017		A		1,006		02/08/2018 <sup>(2)</sup>	02/08/2027	Common Stock	1,006	\$0.0000	1,006	D		
Restricted Stock Units II	\$0.0000(1)	02/08/2017		A		245		(3)	(3)	Common Stock	245	\$0.0000	865	D		
Restricted Stock Units II	\$0.0000(1)	02/08/2017		F			26	(4)	(4)	Common Stock	26	\$54.46	839	D		
Stock Appreciation Right	\$54.46	02/08/2017		A		7,107		02/08/2018 <sup>(5)</sup>	02/08/2027	Common Stock	7,107	\$0.0000	7,107	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 2. The restricted stock units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.
- 3. The restricted stock units vested immediately. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- 4. Each share of Restricted Stock Unit is the equivalent of one share of Sonoco Products Company common stock. The shares were cashed out to account for withholding taxes.
- 5. SAR units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.

By: Elizabeth R. Kremer -02/10/2017 Power of Attorney for Robert

L. Puechl

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.