Section 16. Fo obligations ma

Instruction 1(b)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Wood Adam					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 Officer (give title Other (specify					
(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2018								X Officer (give title Other (specify below) VP Paper&Ind EMEA,Asia,ANZ					
(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 Applicabiline) X Form filed by One Reporting Person Form filed by More than One Reporting Person													
		Tabl	e I - Non-Deri	vative	Sec	urities	s Ac	quired, D	isp	osed of	, or Ben	eficially	Owned					
Date			Date	saction /Day/Yea	r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form	: Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
								Code V	Ī.	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
		Т	able II - Deriva (e.g.,					uired, Dis , options,					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal 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. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		expiration Date	Amount or Number of Shares							
Restricted Stock Units	\$0.0000(1)	02/14/2018		A		1,177		02/14/2019 ⁽²	0:	2/14/2028	Common Stock	1,177	\$0.0000	1,177	7	D		
Restricted Stock Units II	\$0.0000(1)	02/14/2018		A		290		(3)		(3)	Common Stock	290	\$0.0000	1,077.	.1	D		
Stock Appreciation	\$50.83	02/14/2018		A		8,588		02/14/2019 ⁽⁴	0:	2/08/2028	Common Stock	8,588	\$0.0000	8,588	3	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 vest on 7/08/2023. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- 4. SAR units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.

By:Elizabeth R. Kremer-Power of Attorney for Adam Wood

02/16/2018

** 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.