## FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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*  SANDERS MANCIL J						SONOCO PRODUCTS CO [ SON ]									eck all applic  X Directo			10% Ov	wner
	Last) (First) (Middle)  ONE NORTH SECOND ST  O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2018									X Officer below)	(give title Presider	nt & (	Other (s below) CEO	specify
(Street) HARTSV		C State)	29551-01( (Zip)	4.										6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - No	n-Deri	vativ	e Se	curi	ties A	cqu	ired,	Dis	posed of	or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Tran				saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e, :	3. Transactio		4. Securitie	s Acquired (A) or f (D) (Instr. 3, 4 and 5		Beneficially Owned Following		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02/0					8/201	.8			$\dashv$	M		3,622	A	\$0.000	00 46,	596	D		
Common Stock 02/08				8/201	3/2018				F		1,706	D	\$50.2	! 44,	44,890		D		
			Table II -									osed of, convertib			Owned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)	action of (Instr. Sec (A) Dis		rivative curities quired or sposed (D) str. 3, 4		6. Date Exercisab Expiration Date Month/Day/Year)			7. Title ar Amount of Securities Underlyir Derivativo (Instr. 3 a	of s ig e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Units	\$0.0000 <sup>(1)</sup>	02/08/2018			F			103 <sup>(2)</sup>	02/0	08/2018	02	2/08/2027 <sup>(3)</sup>	Common Stock	103	\$50.2	20,00	1	D	
Restricted Stock Units	\$0.0000(1)	02/08/2018			М			3,622	02/0	08/2018	3 0	02/08/2027	Common Stock	3,622	\$50.2	16,37	9	D	
Restricted Stock Units	\$0.0000(1)	02/10/2018			F			335 <sup>(2)</sup>	02/	10/2017	,	(3)	Common Stock	335	\$49.95	29,22	3	D	
Restricted	<b>*</b> 0.0000(1)	02/11/2019			Е			250(2)	02/	11/2016		2/11/2025(3)	Common	250	¢40.05	20.00	,	D	

## **Explanation of Responses:**

Units

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 2. 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.
- 3. The restricted stock units vest 33%, 33%, 34% per year beginning one year from date of grant. Vested shares will be paid to the reporting person six months following retirement or termination of service.

By: Elizabeth R. Kremer -Power of Attorney for Mancil J. 02/12/2018

\*\* 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.