FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**3** .

OMB APPROVAL										
OMB Number:	3235-02									

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## 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

1. Name and Address of Reporting Person*  Puechl Robert L.						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]										heck all D	tionship of Reporti all applicable) Director Officer (give title		10% C	wner
(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2018											Officer (give title below)  VP Global Flexible Pkg				
(Street) HARTSV (City)			29551-01 Zip)	60	Line) X Form fil								orm filed by Or	r Joint/Group Filing (Check Applicable  I filed by One Reporting Person  I filed by More than One Reporting on						
		Tabl	e I - No	n-Deriv	ative	Se	curi	ities	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally Ov	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution [			Date,	Code (Inst						nd See Bei Ow	Amount of curities neficially ned Following	Fori	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			02/23	3/2018	3				A		2,991		A	\$53.14 15,970.0649 D					
Common Stock 02				02/23	/2018					F		1,387		D	\$53	.14 1	14,583.0649		D	
		Та										sed of, onvertib				y Own	ed			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Ecurity or Exercise (Month/Day/Year) if			ned 1 Date, ay/Year)	Code (8)	1. Transaction Code (Instr.		5. Number of		6. Date Expiration (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amount or Numboof Title Shares		ount nber	8. Price Derivati Security (Instr. 5)		,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

By: Elizabeth R. Kremer -

Power of Attorney for Robert 02/26/2018

L. Puechl

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).