FORM 4

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

Washington, D.C. 20549

washington, D.C. 20049

OMB APPROVAL										
OMB Number:	3235-02									

OMB Number: 3235-0287 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  MAHONEY KEVIN P					2. Issuer Name <b>and</b> 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					
	(Fir RTH SECO		3. Date of Earliest Transaction (Month/Day/Year) 12/08/2017								helow)		below) P. PLANNING		specify			
P O BOX 160  (Street)  HARTSVILLE SC 29551-0160			60	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	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)	(Sta	ate) (	Zip)											1 61301	'			
		Tabl	e I - Nor	n-Deriv	ative	Sec	urities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned	I			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution			Transaction Dispose Code (Instr. 5)		Disposed	ties Acquir I Of (D) (Ins		Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code V		Amount	(A) o (D)	Price	Transact (Instr. 3	ction(s)			(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. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Insti 8)		n of i		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Dividend Equivalents on Restricted Stock Units	\$0.0000(1)	12/08/2017			A		72.8		(2)		(2)	Common Stock	72.8	\$54.67	4,206.	6	D	
Phantom Stock Units	\$0.0000(3)	12/08/2017			A		429.3		(4)		(4)	Common Stock	429.3	\$54.67	60,547.6	546	D	

## Explanation of Responses:

- 1. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock
- 2. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.
- 3. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 4. Acquired on quarterly dividend on Sonoco Products Company's officers' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

By: Elizabeth R. Kremer Power of Attorney for Kevin P. 12/12/2017
Mahoney

\*\* 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.