FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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* <u>Harrell James A. III</u>				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 V Officer (give title Other (specif						
(Last) ONE NO	,	(First) (Middle) SECOND ST				3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023								below)	Officer (give title below) Pres. Global Ind. I			pecify
P O BOX 160				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HARTSV	Street) HARTSVILLE SC 29551-0160											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					Execution Date,			Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 a		5. Amou Securitie Benefici Owned F Reported	s ally ollowing	Form (D) or	orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	4	Amount (A) or (D)		Price	Transact (Instr. 3	action(s)					
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	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 Exercisable an Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v			Date Exercisable	Exp Dat	piration te	Title	Amount or Number of Shares					
Dividend Equivalents on Restricted Stock Units	(1)	12/08/2023			Α		186.7		(2)		(2)	Common Stock	186.7	\$54.49	6,051.	7	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.

By: Elizabeth R. Kremer -Power of Attorney for James 12/12/2023 A. Harrell, III

** 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.