FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| W | ashing | ton, L |).C. 2 | 0549 | 9 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 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

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|-----------|----------|--|--|-------|--|-------------------|--|-----------------------------|--|---|---|---|----------------|--|---------------------------------------|--|
| Wood Adam | | | | | | SCHOOL HODGETS CO [SON] | | | | | | | | Dire | ector | | 10% O | wner | |
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | X Offi | cer (give title ow) | | Other (: below) | specify | |
| (Last) | , | • | (Middle) | | 02/ | 02/13/2024 | | | | | | | | VP | Paper&Inc | d Con | verted Pro | od | |
| ONE NO | ORTH SEC | OND ST | | | | | | | | | | | | | | | | | |
| P O BOX 160 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | - | | | | | | | | | | m filed by Or | | • | | |
| HARTSVILLE SC 29551-0160 | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | | saction was ions of Rule | | | | uction or writte | n plan | that is intend | ed to | |
| | | | | | | _ | | | | | | | | | | | | | |
| | | Tab | le I - No | 1 | | _ | | | 1 | , Dis | sposed | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | ed (A) or tr. 3, 4 and | 5) Secu Bene Own | ficially ed Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | | rted action(s) . 3 and 4) | | | (Instr. 4) | | |
| Common Stock 02/13/2 | | | | | /2024 | 2024 | | M | | 615 A | | \$0.00 | 00 | 26,088 | | D | | | |
| Common Stock 02/13/2 | | | | /2024 | 2024 | | | F | | 290 | D | \$55.0 | 4 25,798 | | | D | | | |
| | | Т | able II - | | | | | | | | osed of | | | y Owne | d | | | | |
| | | | | (e.g., p | outs, o | calls | , war | rants | , optio | ns, | converti | ible sec | urities) | 1 | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executio | on Date, | | Transaction Code (Instr. | | n of l | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | e derivative | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock | \$0.0000 | 02/13/2024 | | | М | | | 615 | 02/13/202 | 24 | (1) | Common Stock | 615 | \$0.000 | 1,25 | 1 | D | | |

Explanation of Responses:

1. The restricted stock units vest 33%, 33%, 34% per year beginning one year from date of grant.

By:Elizabeth R. Kremer-Power 02/15/2024 of Attorney for Adam Wood

Date

** Signature of Reporting Person

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.