SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Addr		2. Date of Event Requiring Staten (Month/Day/Year 07/18/2017	nent	3. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]						
(Last) (First) (Middle) ONE NORTH SECOND ST				4. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne		(M	lf Amendment, Date of Original Filed onth/Day/Year)			
P O BOX 160					Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check plicable Line)		
(Street) HARTSVILLE	SC	29551-0160								y One Reporting Person y More than One erson
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership nstr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi			4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

No securities are beneficially owned.

Elizabeth R Kremer Power of Attorney for Philippe

07/21/2017

Guillemot

** 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 5 (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.

Date