| SEC For | m 4 | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|-------|---|--|---|-----|---|-------------------------------|-----------|--|--|---|--|---------------------|---|--|--|--|
| FORM 4 UNITED ST | | | |) STA | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | d purs | T OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Istavridis Eleni | | | | | | SONOCO PRODUCTS CO [SON] (Chec | | | | | | | | | Relationship of Reporting Person(s) to Issuer eck all applicable) X Director 10% Owner Officer (give title Other (specifi | | | vner | | |
| (Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | | (give title | | below) | вресну | | |
| (Street) HARTSVILLE SC 29551-0160 | | | | 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | | orting Perso | n | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transau Date (Month/Date) | | | | | ection 2A Ex Pay/Year) if a | | A. Deemed xecution Date any Month/Day/Yea | | a, 3. Transact Code (Ins | 4. Securitie on Disposed C | | of, or Benefic ties Acquired (A) d Of (D) (Instr. 3, 4 | | d Securitie Benefici | nt of es ally Following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code \ | / Amo | ount | (A) or (D) P | | Transaction(s) (Instr. 3 and 4) | | | | (11507. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | ate | Amount of | |) Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficies Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expirati Date | | Title | Amount or Number of Shares | | | | | | | |
| Phantom Stock Units | (1) | 07/01/2022 | | | A | | 573.7 | | (2) | (2) | • | Common Stock | 573.7 | \$58.83 | 3,848.9 |) | D | | | |

Explanation of Responses:

1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.

2. The phantom stock units were accrued under the Sonoco Products Company directors deferred compensation plan and are to be settled in Sonoco Products Company common stock 6 months after the reporting person's retirement.

| By: Elizabeth R. Kremer - | |
|----------------------------------|------------|
| Power of Attorney for Eleni | 07/06/2022 |
| <u>Istavridis</u> | |
| ** 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.