FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number | 3235-02 |

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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 | Sectio | n 30(n) (| or the | Investment | Com | pany Act | 01 1940 | | | | | | | | |
|--|---|--|--|-------|-----------|--|---|--------|--|------|-------------------|---|--------------------------------|-------|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* MICALI JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| MICAI | _I JAWIE | <u>3 IVI</u> | | | | | | | | | | - | | X | Directo | or | | 10% Ow | ner | |
| (Last) | (First) (Middle) ORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| P O BOX 160 | | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | Line) | Form | filed by One | Report | ing Persoi | n | |
| HARTSV | VILLE SO | | 29551-010 | 60 | | | | | | | | | | - | Form | filed by More | | J | | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | Perso | n | | | | |
| | | | | Doriv | rotive | | uritio | . ^ ^ | quired, [|)ion | ocod o | of or B | onofi | المام | , Owner | - | | | | |
| 4 Tid | 2 | | ie i - Noi | | | | | | 3. | JISP | | - | | | _ | | C 0 | aualain - | 7. Nature | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) E | 2A. Deemed Execution Date if any (Month/Day/Ye | | , Transac Code (In | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct of Endirect Er. 4) | of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | | ice | | ransaction(s) Instr. 3 and 4) | | | Instr. 4) | |
| | | T | | | | | | | uired, Di | | | | | | Owned | | | | | |
| 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/Day | Date, | Code (In: | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | B. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | / Di Or Or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | | |
| Phantom Stock | (1) | 12/10/2018 | | | A | | 399.1 | | (2) | | (2) | Common Stock | 399 | 0.1 | \$55.55 | 54,467.8 | 8 | D | | |

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 2. Acquired on quarterly dividend on Sonoco Products Company's directors' 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 James

M. Micali

** Signature of Reporting Person

12/12/2018

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.