| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Addres <u>Tiede Robert</u> | 1 0 | n* | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | tionship of Reporting Per all applicable) Director | 10% Owner | |
|---|---------------------|---------------------|--|------------------------|---|---------------------------------|--|
| (Last) ONE NORTH SI P O BOX 160 | (First) ECOND ST | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2018 | X | Officer (give title below) President & | Other (specify below) CEO | |
| (Street) HARTSVILLE (City) | SC (State) | 29551-0160 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filin Form filed by One Rep Form filed by More tha Person | orting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Ins | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------|---|---|---------------|----------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | (Instr. 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. 3 | tive ties red | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date | | Expiration Date | | Expiration Date Amount of | | 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) |
|---|---|--|---|------------------------------|---|---------------------|--|-----|-----------------|-------|-----------------|----------|---------------------------|--|---|--|--|--|
| Phantom Stock Units | \$0.0000 ⁽¹⁾ | 07/31/2018 | | A | 322.9 | | (2) | (2) | Common Stock | 322.9 | \$55.82 | 32,204.8 | D | | | | | |

Explanation of Responses:

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

2. The phantom stock units were accrued under the Sonoco Products Company Officers Deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

| <u>By: Elizabeth R. Kremer -</u> | |
|----------------------------------|-------------------|
| Power of Attorney for Robert | <u>08/01/2018</u> |
| C. Tiede | |

** 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.