FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

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

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*  WHIDDON THOMAS E    |  |  |  |         |   | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ] |  |     |   |      |   |                 |                                 |     | ck all appli<br>Directo                                     | cable)<br>or   | g Per  | son(s) to Is   |  |  |
|---|--|--|--|---------|---|--|--|-----|---|------|---|-----------------|---------------------------------|-----|---|--|--|--|--|--|
| (Last) (First) (Middle) ONE NORTH SECOND ST                   |  |  |  |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016            |  |     |   |      |   |                 |                                 |     |   | (give title  |  | Other (<br>below)  | specify  |  |
| P O BOX 160   |  |  |  |         |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |  |     |   |      |   |                 |                                 |     | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |  |  |  |
| (Street) HARTS  | •  |  | 29551-016  | 60      |   |  |  |     |   |      |   |                 |                                 | X   |   | filed by Mor   |  | orting Person<br>n One Repo  |  |  |
| (City) (State)  |  | State)                                     | (Zip)  |         |   |  |  |     |   |      |   |                 |                                 |     |   |  |  |  |  |  |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |  |         |   |  |  |     |   |      |   |                 |                                 |     |   |  |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |  |  |         |   | ar)   E  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |     | Transaction Dispose Code (Instr. 5)     |      | rities Acquired (A)<br>ed Of (D) (Instr. 3, |                 | 4 and Securi<br>Benefi<br>Owned |     | es<br>ally<br>Following                                     | Form<br>(D) o  | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |  |
|   |  |  |  |         |   |  |  |     | Code                                    | v    | Amount                                      | (A) o           | r Pr                            | ice | Reporte<br>Transac<br>(Instr. 3                             | tion(s)  |  |  | (Instr. 4)   |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |         |   |  |  |     |   |      |   |                 |                                 |     |   |  |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution I<br>if any<br>(Month/Day | Date, 1 | I.<br>Fransaction<br>Code (Instr.<br>B) |  | of   |     | 6. Date Exe<br>Expiration<br>(Month/Day | Date | Amount of                                   |                 | f<br>g<br>Secui                 | E   | B. Price of<br>Derivative<br>Gecurity<br>Instr. 5)          | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Own<br>For<br>Dire<br>or I<br>(I) (              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |  |         | Code                                    | v  | (A)  | (D) | Date<br>Exercisable                     |      | xpiration<br>ate                            | Title           | Amo<br>or<br>Num<br>of<br>Share | ber |   |  |  |  |  |  |
| Phantom<br>Stock<br>Units                                     | (1)  | 04/01/2016                                 |  |         | A                                       |  | 567.7  |     | (2)                                     |      | (2)   | Common<br>Stock | 567                             | 7.7 | \$48.44   | 28,846.  | 2  | 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 Thomas 04/04/2016

E. Whiddon

\*\* 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.