FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | S IN BENEFICIAL | . OWNERSHIP |
|-----------|------------|-----------------|-------------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours ner resnonse | . 05 | | | | | | | | | |

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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MCGARVIE BLYTHE J | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | Relationship eck all appli X Direct | cable) | g Pers | on(s) to Issi 10% Ow | | |
|--|--|--|---|--|--|---|------------|--|--|--------|---|--------------------------------|---|---|---|---|--|--|
| (Last) ONE NO | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2020 | | | | | | | | Office below | r (give title) | | Other (s below) | pecify |
| P O BOX 160 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | VILLE SO | SC 29551-0160 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (D) 5) | | | | Beneficially Owned Followin | | Form: | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Dwnership | | |
| | | | | | | | | Code | , . | Amount | (A) or (D) | Price | Reporte Transac (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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transa Code (| | | | tive ties ed sed | 6. Date Exercisa Expiration Date (Month/Day/Year | | e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Co | | | | Code | Date (A) (D) Exercisable | | Exp Dat | or Nun iration of | | Number | | | | | | | | |
| Phantom Stock Units | (1) | 06/10/2020 | | | A | | 107.8 | | (2) | | (2) | Common Stock | 107.8 | \$53.41 | 13,492. | .5 | 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 Blythe J. 06/12/2020

McGarvie

** 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.