Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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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.		. ,					Τ.			_			
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Haynes Ernest D III</u>			30							1,	Directo	,		10% Ov	/ner		
												X Officer	(give title		Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022						,	s. Sonoco Metal Packa			o		
ONE NORTH SECOND ST			100/	10/20	22						1100.	50110001		1 working	]		
P O BOX 160																	
,	_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	W.F. 00		0551 0160									•	iled by One	Repo	orting Person	ո	
HARTSVILLE SC 29551-0160													Form filed by More than One Reporting				
(0)	(0)		-· \	-								Person					
(City)	(Sta	ate) (2	Zip)														
		Tabl	e I - Non-Deri	vative	Sec	uritie	s Ac	quired, D	isposed (	of, or Be	neficia	lly Owned	t				
1. Title of S	ecurity (Instr	: 3)		saction		A. Deem		3.		ities Acquir		5. Amou				7. Nature	
Date (Month/D									str. 3, 4 an	Beneficially (D) or Indirect			r Indirect	of Indirect Beneficial			
					(Month/Day/Year) 8)										Ownership (Instr. 4)		
							Code V	Amount	(A) o (D)	r Price	Transac (Instr. 3						
		т.	able II - Deriv	ativo (	20011	rition	Λ	uirod Dio	nocod of	or Pon	oficially	, Owned					
		I (						s, options	•	,		y Owneu					
1. Title of	2.	3. Transaction	3A. Deemed	4.			6. Date Exercisable and Expiration Date Amount of Month/Day/Year) Securities				8. Price of			10. Ownership Form:	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Transaction Code (Instr.		on of				of	Derivative Security				of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(Monthibay/rear)	(Month/Day/Year)	8)	(IIIoti.	Secu	rities	(World // Day/	i eai j	Underlyin	g	(Instr. 5)	Beneficially Owned		Direct (D)	Ownership (Instr. 4)	
	Security				Acquired Derivative Sec (Instr. 3 and 4)							Following	ng (I) (Instr. 4		(instr. 4)		
of (D)													Reported Transaction(s)				
					(Instr. 3, 4 and 5)							(Instr. 4)					
											Amount	1					
											or Number						
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares						
Dividend										1							
Equivalents on	\$0.0000(1)	06/10/2022		A		15.4		(2)	(2)	Common	15.4	\$56.91	42.7		D		
Restricted Stock Units	Ψ0.0000	00/10/2022		A		15.4				Stock	13.4	ψ30.71	72.7		D		

## Explanation of Responses:

- 1. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock
- 2. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.

By: Elizabeth R. Kremer -

06/13/2022 Power of Attorney for Ernest

D. Haynes

\*\* 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.