FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPR | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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

| 1. Name and Address of Reporting Person* McLeland Allan H | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | all applic Directo Officer | cable) or (give title | g Person(s) to Issi 10% Ow Other (s | | /ner | |
|--|---|--|--|---------|--|--|-----------------------|---------------|--|----------------|--|---|--|---|-----------------------------------|---|---|--|---------------------------------------|--|
| (Last) ONE NO | (Fir RTH SECO 160 | , | Middle) | | 12/ | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018 | | | | | | | | | below) below) VP Human Resources | | | | | |
| (Street) HARTSV (City) | TLLE SC | | .9551-01 Zip) | 160 | , 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | · | | | | | |
| | ` | | | n-Deriv | ative | Seci | urities | s Ac | auired | . Dis | sposed o | of. or Be | neficia | allv | Owned | 1 | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | ction | tion 2A. Dec Execut y/Year) if any | | Deemed ution Date, | | ction Instr. | 4. Securiti | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | or 5. Amou Securitie Benefici Owned F Reporter | | es Forially (D) (I) (I of tion(s) | | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code V Amount | | (A) or (D) | Price | | Instr. 4) | | | | | | | | | |
| Common S | 2018 | 2018 | | | J | v | 8,858(1 |) D | \$0.0 | 0.0000 7,775.3 | | 5.3792 | | D | | | | | | |
| Common Stock | | | | | | | | | | | | | | | 3.7147 | | | | oy 401k olan | |
| | | Ta | able II - | | | | | | | | osed of, converti | | | | wned | | | · · | • | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/E | n Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | mber | | | | | | |
| Dividend Equivalents on Restricted Stock Units | \$0.0000 ⁽²⁾ | 12/10/2018 | | | A | | 108.4 | | (3) | | (3) | Common Stock | 108.4 | 4 | \$55.55 | 2,715.! | 5 | D | | |

Explanation of Responses:

- 1. Transfer related to Domestic Relations Order.
- 2. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock
- 3. 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 -Power of Attorney for Allan H. 12/12/2018 McLeland

** 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.