FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| 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).

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

| Name and Address of Reporting Person*     Coker R. Howard |   |  |  |                | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ] |   |   |      |  |        |                     |  | (Chec                          | <ol> <li>Relationship of Reporting Pers<br/>(Check all applicable)         Director         Officer (give title     </li> </ol> |  |  | son(s) to Issuer  10% Owner  Other (specify                       |  |  |
|---|---|--|--|----------------|--|---|---|------|--|--------|---------------------|--|--------------------------------|---|--|--|---|--|--|
| (Last) ONE NO P O BOX                                     | (First) (Middle)  ORTH SECOND ST  X 160                               |  |  |                |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2019 |   |      |  |        |                     |  |                                |   | X Officer (give title Offier (specify below)  SVP Rigid Paper/E Carriers Int   |  |   |  |  |
| (Street) HARTSVILLE SC 29551-0160                         |   |  |  | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |   |   |      |  |        |                     |  |                                |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |   |  |  |
| (City)  | (St   | ate) (                                     | (Zip)  |                |  |   |   |      |  |        |                     |  |                                |   | Peis   |  |   |  |  |
|   |   |  | le I - No                                    |                |  | _   |   |      | -  | Dis    | posed o             |  |                                |   | _  |  |   |  |  |
| 1. Title of Security (Instr. 3)                           |   | 2. Transaction<br>Date<br>(Month/Day/Year) |  | Ex<br>) if a   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)            |   | 3.<br>Transaction<br>Code (Instr.<br>8) |      |  |        |                     | A) or<br>3, 4 and  | Secur<br>Benef<br>Owner        | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |   |  |  |
|   |   |  |  |                |  |   |   | Code | v  | Amount | (A<br>(E            | A) or<br>D)  | Price                          | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  |  | (Instr. 4)  |  |  |
| Common  | Common Stock  |  |  | 02/22/2019     |  |   |   |      | A  |        | 7,632               |  | A                              | \$53.13   | 183,923  |  | D   |  |  |
| Common Stock  |   |  | 02/22/2019                                   |                |  |   |   | F    |  | 3,538  | 1                   | D  | \$53.13                        |   | 80,385   | D  |   |  |  |
| Common  | Stock   |  |  |                |  |   |   |      |  |        |                     |  |                                |   | 17,8   | 373.7037   | I   | By<br>Spouse   |  |
| Common  | Stock   |  |  |                |  |   |   |      |  |        |                     |  |                                |   |  | 3,604  | I   | By<br>Spouse<br>and<br>Daughter<br>Joint                           |  |
| Common Stock  |   |  |  |                |  |   |   |      |  |        |                     |  |                                |   | 7,382  | I  | by trust<br>for son   |  |  |
| Common Stock  |   |  |  |                |  |   |   |      |  |        |                     |  |                                | 8,578   |  | I  | trust for<br>daughter<br>1  |  |  |
| Common Stock  |   |  |  |                |  |   |   |      |  |        |                     |  |                                | 8,870   |  | I  | trust for<br>daughter<br>2  |  |  |
|   |   | Ta   |  |                |  |   |   |      |  |        | sed of,<br>onvertib |  |                                |   | wned   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | 3A. Deem<br>Executior<br>if any<br>(Month/Da | ned<br>n Date, | 4.<br>Transaction<br>Code (Instr.<br>8)                                |   | 5. Number of                            |      | 6. Date Exercis<br>Expiration Dat<br>(Month/Day/Ye |        | able and            | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                                | 8. F<br>Der<br>Sec<br>(Ins  | Price of rivative curity str. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | 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) |  |
| Explanation   | of Respons  | ses:                                       |  |                | Code   | v   | (A)                                     | (D)  | Date<br>Exercisa                                   |        | Expiration<br>Date  | Title  | Amo<br>or<br>Num<br>of<br>Shar | ber   |  |  |   |  |  |

By: Elizabeth R. Kremer -Power of Attorney for R.

02/25/2019

**Howard Coker** \*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).