FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OIVID APPROVAL											
OMB Number:	3235-028										

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

Estimated average burden 0.5 hours per response:

					or	Secti	on 30(h) c	of the	Ínvestmer	nt Cor	npany Act o	f 1940							
1. Name and Address of Reporting Person* ARTHUR VICKI B					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160						3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017								X Officer (give title Other (specify below) below) SVP Plastic Pkg/Protective					
————						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HARTSVI														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	te) (Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curities	Ac	quired,	Dis	posed of	, or Ben	eficially	Owned					
			Date	ate Exe Month/Day/Year) if ar		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)	
		٦	able II - I (osed of, o			Owned					
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 (I				ive ies ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		е	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	\$0.0000(1)	02/08/2017			A		3,128		02/08/201	18 ⁽²⁾	02/08/2027	Common Stock	3,128	\$0.0000	3,128	3	D		
Restricted Stock Units II	\$0.0000(1)	02/08/2017			A		285		(3)		(3)	Common Stock	285	\$0.0000	1,341	L	D		
Restricted Stock Units II	\$0.0000(1)	02/08/2017			F			30	(4)		(4)	Common Stock	30	\$54.46	1,311		D		
Stock Appreciation	\$54.46	02/08/2017		T	T		22 110		02/08/201	(5)	02/08/2027	Common	22 110	\$0,0000	22 110	,]	D		

Explanation of Responses:

Right

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 2. The restricted stock units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.
- 3. The restricted stock units vested immediately. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- 4. Each share of Restricted Stock Unit is the equivalent of one share of Sonoco Products Company common stock. The shares were cashed out to account for withholding taxes.
- $5. \ SAR \ units \ vest \ beginning \ one \ year \ from \ date \ of \ grant \ in \ three \ annual \ installments \ of \ 33\%, \ 33\% \ and \ 34\%.$

By: Elizabeth R. Kremer -02/10/2017 Power of Attorney for Vicki B.

** 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.