SEC Form 4
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028									
Estimated average burden									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					01.5	ection	n 30(n)	or the	Investment	COII	ipany Ac	101 1940								
1. Name and Address of Reporting Person* DAVIES PAMELA LEWIS					2. Issuer Name <b>and</b> Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023										r (give title		Other (sbelow)		
ONE NORTH SECOND ST					4. If Amendment, Date of Original Filed (Month/Day/Year)									61	6. Individual or Joint/Group Filing (Check Applicable					
P O BOX 160														Line)						
															X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)														Form Perso		re tha	in One Repo	orting		
HARTS	VILLE S	C :	29551-0160			Rule 10b5-1(c) Transaction Indication														
(City)	/0	State)	(Zip)		Ru	ын	-005-	τ(c	) mansa	iCli		uicalic	,,,,							
(City)	(0	state)	(zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tabl	e I - Non	-Deriva	ative	Sec	urities	s Ac	quired, D	oisp	osed	of, or E	ene	ficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					) Ex	A. Deemed Execution Date, f any Month/Day/Year		Transaction Dispos Code (Instr. 5)		Dispose	eurities Acquired (A) sed Of (D) (Instr. 3, 4			Benefic Owned	ies Fo cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amoun	t (A) (D)	or	Price		ted action(s) 3 and 4)			(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		3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Ins 8)				6. Date Exer Expiration D (Month/Day/		and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	or Nu of	nount mber ares						
Phantom Stock Units	(1)	06/09/2023			A		425.8		(2)		(2)	Commor Stock	42	25.8	\$62.94	52,970.	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 Pamela 06/13/2023

L. Davies

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.