FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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* <u>Cairns Sean</u> | | | | 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 V Officer (give title Other (specify | | | | | | |
|---|--|------------|---|--|---|---|------|--------|---------------------|---|--|--|---|---|-----------|--|---|--|--|
| (Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2023 | | | | | | | | | X Officer (give title Other (specify below) Pres Global Rigid Paper&Closur | | | | | |
| (Street) HARTSV (City) | ILLE SC | | 9551-016 Zip) | 0 | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | | Code (Instr. 5) | | | | Benefici Owned I | es ally Following | Form (D) or | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | Code | , | Amount | (A) or (D) Price | | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | Instr. 4) | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and | | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | epiration | Title | Amount or Number of Shares | | | | | | |
| Dividend Equivalents on Restricted Stock Units | \$0.0000(1) | 03/10/2023 | | | A | | 15.9 | | (2) | | (2) | Common Stock | 15.9 | \$56.35 | 55.5 | | 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 -Power of Attorney for Sean

03/14/2023

Cairns

** 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.