FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | OMB APPROVAL | | | | | | | | |
|-------------|--------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

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

| | | | | | | | | | | | <u> </u> | | | | | | | |
|---|---|------------|--|---|--|---|-----------------|---------|--|-----|---|--|--|---|--|-----------------------------------|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Wood Adam | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne | | | | | |
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018 | | | | | | | _ ; | below | | e title Other (s below) &Ind EMEA,Asia,AN | | | | |
| P O BOX 160 (Street) HARTSVILLE SC 29551-0160 | | | 0 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | | | | | tive Securities Acquired, Disposed of, or Benefic | | | | | | | <u> </u> | | | | | |
| | | Tabl | e I - Non | -Deriva | atıve | Sec | curitie | s Ac | quired, E | JIS | osed c | οτ, or Be | neticial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution | | xecution any | n Date, | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | Benefic | es For ially (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | iii3u. 4) |
| | | Ta | | | | | | | uired, Di , options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transacti Code (Ins 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalents on Restricted Stock Units | \$0.0000(1) | 06/08/2018 | | | A | | 74.9 | | (2) | | (2) | Common Stock | 74.9 | \$53.19 | 820.7 | 7 | 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 06/12/2018 of Attorney for Adam Wood

** 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.