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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* <u>Tiede Robert C</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  X Officer (give title Other (spec				ner
(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2019								below)	r (give title ) President &		below)	pecify
(Street) HARTSVILLE SC 29551-0160 (City) (State) (Zip)				0	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
1. Title of Security (Instr. 3) 2. T Dat						2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed (		or Beneficiall s Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
							(Monunbay/rear)		Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar	on(s)	(1) (1113		(Instr. 4)
Common S	4/201	1/2019			M		4,047	A	\$0.0000	98,024		D						
Common Stock 02/14						4/2019					1,876	D	\$60.16	96,1	5,148		D	
											sed of, o onvertible			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)			
Restricted Stock Units	\$0.0000(1)	02/13/2019			A		14,239		02/13/20	)20 <sup>(2)</sup>	02/13/2029	Common Stock	14,239	\$0.0000	14,23	9	D	
Restricted Stock Units II	\$0.0000(1)	02/13/2019			A		884		(3)		(3)	Common Stock	884	\$0.0000	3,576	.6	D	
Restricted Stock Units II	\$0.0000(1)	02/13/2019			F			31	(3)		(3)	Common Stock	31	\$60.77	3,545	.6	D	
Stock Appreciation Right	\$60.77	02/13/2019			A		98,796		02/13/20	)20 <sup>(4)</sup>	02/13/2029	Common Stock	98,796	\$0.0000	98,79	6	D	
Restricted	\$0.0000	02/14/2019			M			4,047	02/14/2	2019	02/14/2028	Common	4,047	\$0.0000	8,218	3	D	

## **Explanation of Responses:**

Stock Units

- 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 vest on 2/03/2014. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- 4. SAR units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.

By: Elizabeth R. Kremer -Power of Attorney for Robert C. 02/15/2019 Tiede

\*\* 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.