FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* COKER JAMES L | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|------------|--|------|---|--|-------|---|--------------------|--|--|---|--|---|--|--|--|
| CONLIN TAIVIEU L | | | | | | | | | | | | X Directo | r | 10% Ov | vner | | |
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2012 | | | | | | | Officer below) | (give title | Other (s below) | specify | | |
| | | | | | | | | | | | | | | | | | |
| P O BOX 160 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | 04/04/2012 | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| HARTSVILLE SC 29551-0160 | | | | | | | | | | | | , , , | | | | | |
| | | | 23331-0100 | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | Year) | 2A. Deeme Execution l if any (Month/Day | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amour Securitie Beneficia Owned F | es Form ally (D) o following (I) (In | orm: Direct o) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | (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. Deemed Execution Dat if any (Month/Day/Ye | Code | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 5) | | | |
| Phantom Stock Units | (1) | 04/02/2012 | | A | | 709.2 ⁽²⁾ | | (1) | (1) | Common Stock | 709.2 | \$33.49 | 15,396.9 | D | | | |

Explanation of Responses:

- 1. The phantom stock units were accrued under the Sonoco Products Company directors deferred compensation plan and are to be settled in cash or Sonoco Products Company common stock upon the reporting person's retirement.
- 2. Amount correction

By: Elizabeth R. Kremer-Power of Attorney for James L. 04/25/2012 Coker IV

** 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.