FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

raogco,	٥.٠.	 	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-0287										
	Estimated average burden										
ı	hours per response: 0										

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*      Tomaszewski Jeffrey S      (Last) (First) (Middle)					Issuer Name and Ticker or Trading Symbol     SONOCO PRODUCTS CO [ SON ]  3. Date of Earliest Transaction (Month/Day/Year)							(Che	Directo  Officer below)	,		10% Ow Other (s below)	ner pecify				
ONE NORTH SECOND ST P O BOX 160						02/10/2021								6 In	VP - Global RPC, D&P, Paper						
(Street) HARTSVILLE SC 29551-0160			0	4. 11 7	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) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transplate (Month/E				ction 2A. Deemed Execution Date,		e, ear)	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)		A) or	5. Amour Securitie Beneficia Owned F Reported Transact	ount of ities icially d Following ted action(s)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (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 I if any (Month/Day	ate, T	Transaction Code (Instr.		n of l		Exp	6. Date Exercisable Expiration Date (Month/Day/Year)		Amou Secur Under Deriva		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode \	v	(A)	(D)	Date Exe	e rcisable	E	xpiration ate	Title	or Nu of	umber						
Restricted Stock Units	\$0.0000(1)	02/10/2021			A		3,118		02/1	10/2022 <sup>(2)</sup>	0:	2/10/2035	Commo	n 3	3,118	\$0.0000	3,118		D		
Restricted Stock Units II	\$0.0000(1)	02/10/2021			A		313			(3)		(4)	Commo Stock	n	313	\$0.0000	350		D		

## ${\bf Explanation\ of\ Responses:}$

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- $2. The \ restricted \ stock \ units \ vest \ beginning \ one \ year \ from \ date \ of \ grant \ in \ three \ annual \ installments \ of \ 33\%, \ 33\% \ and \ 34\%.$
- $3. \ The restricted stock units vest on 2/12/2025 \ and defer. \ Vested shares will be paid to the reporting person six months following retirement or termination of service.$
- $4. \ \ Vested \ shares \ will \ be \ paid \ to \ the \ reporting \ person \ six \ months \ following \ retirement \ or \ termination \ of \ service.$

By Elizabeth R. Kremer-Power of Attorney for Jeffrey S. 02/12/2021
Tomaszewski

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.