FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0								

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

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1. Name and Address of Reporting Person* <u>Coker R. Howard</u>						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												-		Direc			10% Ow		
,					-									X Offic below	er (give title		Other (s below)	pecify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2020								President & CEO					
ONE NORTH SECOND ST				02/	02/12/2020									Trestaet		OLO			
P O BOX	X 160																		
					_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)													Lir	,	filed by One	Dane	utina Daraan		
HARTS	VILLE S	C	<mark>29551-0</mark> 16	50											•		orting Person		
					-									Pers		e tnan	One Report	ing	
(City)	(S	State)	(Zip)																
		Tak	Ja I. Nas	- Davis				Λ.	muinad D	ionooo	4 0	f or Do		Us Osans	.d				
		ıaı	ne i - Nor	1-Dem	valive	e Se	curities	ACC	quired, D	ispose	u 0	i, or be	пенсіа	lly Owne	u				
1. Title of Security (Instr. 3) 2. Transac					saction		2A. Deeme Execution		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					5. Amo				7. Nature of Indirect	
(Month/Da				/Day/Ye	ear) i	f any	,	Code (Instr. 5)			O (D) (1115ti. 3, 4 and		Benefi	cially	(D) o	or Indirect	Beneficial		
					- 1	Month/Da	y/Year) 8)		 		_		orted			Ownership (Instr. 4)		
									Code V	V Amount		(A) or P			tion(s) and 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									, options					Owned					
1. Title of	2.	3. Transaction	3A. Deeme				5. Numt		•		_			8. Price o	f 9. Numbe		10.	11. Nature	
Derivative	Conversion	Date	Execution I	Date,			of		6. Date Exercisable and Facilities 7. Title and Amore Securities			ies	Derivativ	derivative	•	Ownership	of Indirect		
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)					Code (8)	Instr.	r. Derivative Securities		(Month/Day/Year) Underlying Derivative Sec					Security (Instr. 5)	Securities Beneficia			Beneficial Ownership	
Derivative							Acquired		(Instr. 3 and 4)					(Owned	1		(Instr. 4)	
Security						(A) or Disposed										Following Reported			
							of (D) (I								Transacti (Instr. 4)	on(s)			
					0, 1 4.114	,		Т	-		Amount	1	(
													or						
									Date	Expirati	on		Number of						
					Code	٧	(A)	(D)	Exercisable	Date		Title	Shares						
Restricted Stock	\$0.0000 ⁽¹⁾	02/12/2020			A		35,212		02/12/2025	(2)		Common	35,212	\$0.0000	35,21	,	D		
Units	Ψυ.υυυυ γ	02/12/2020			21		33,212		02/12/2020			Stock	00,212	Ψυ.υυυ	33,21	-	"		

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 5 years from date of grant. Vested shares will be deferred and paid to the reporting person six months following retirement or termination of service.

By: Elizabeth R. Kremer -Power of Attorney for R.

02/13/2020

Howard Coker

** 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.