FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

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* SCHRUM ROGER P						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last)	, , , , , , , , , , , , , , , , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2018									X Officer (give title below)  VP Invstr Rel & Co			pecify	
ONE NORTH SECOND ST													_	V1 1	iivsti Kei e	<del>x</del> co.	ip Amans		
P O BOX 160					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)															X Form filed by One Reporting Person				
HARTSVILLE SC 2955			29551-0	0160	,						Form filed by More than One Reporting Person								
(City)	(State) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution			Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. and 5)			Securit Benefic Owned	ies ially	Form: (D) or Indire	: Direct   C	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	unt (A) or (D)		Followi Reporte Transae (Instr. 3	ed ction(s)	(Instr. 4)		(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	3. Transaction Date (Month/Day/Year)	if any	emed on Date,	4. Transact	ransaction		nber vative urities uired or posed D) tr. 3, d 5)	6. Date Exercisabl Expiration Date (Month/Day/Year)		le and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [	10. Ownership Form: Direct (D) or Indirect I) (Instr.	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		iration	Title	Amount or Number of Shares						
Restricted Stock Units	\$0.0000(1)	02/08/2018			F			33 <sup>(2)</sup>	02/08/2018	02/0	08/2027 <sup>(3)</sup>	Common Stock	33	\$50.2	938		D		
Restricted Stock Units	\$0.0000(1)	02/10/2018			F			44 <sup>(2)</sup>	02/10/2017		(3)	Common Stock	44	\$49.95	1,269		D		
Restricted Stock Units	\$0.0000(1)	02/11/2018			F			35 <sup>(2)</sup>	02/11/2016	02/1	1/2025 <sup>(3)</sup>	Common Stock	35	\$49.95	951		D		

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 2. Each share of Restricted Stock Unit is the equivalent of one share of Sonoco Products Company common stock. The shares were cashed out to account for withholding taxes.
- 3. The restricted stock units vest 33%, 33%, 34% per year beginning one year from date of grant. 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 Roger P. 02/12/2018 Schrum

\*\* 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.