FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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

| Section 16. Form 4 or Form 5 obligations may continue. See 0.5 | | | | | | | | | | 11 | | | | | | | | |
|--|---|--|---|-------|--|---|--|------|--|--------|---|--|--|---|--|--------------------|---|---|
| | tion 1(b). | | | File | | | | | a) of the Sec | | | | 1934 | | | s per re | sponse. | 0.5 |
| 1. Name and Address of Reporting Person [*] Istavridis Eleni | | | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023 | | | | | | | | | | r (give title | | | |
| ONE NORTH SECOND ST P O BOX 160 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | | Form | Form filed by More than One Reporting | | | |
| HARTSVILLE SC 29551-0160 | | | | | | | | | | | | | Perso | n | | | | |
| (City) | (S | (State) (Zip) (Zip) Check this box to indicate that a transaction use made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | led to | | | | | |
| | | Tabl | e I - Non-E | Deriv | ative | Sec | uritie | s Ac | quired, D | ispo | osed o | of, or Be | eneficia | lly Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | ate | Day/Year) Ex | | A. Deemed Execution Date, any Month/Day/Yea | | Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Benefic Owned | ies For cially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | t (A) ((D) | or Price | Transad | Reported Transaction(s) (Instr. 3 and 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 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. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e S Ily I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration e | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units | (1) | 07/03/2023 | | | A | | 606.9 | | (2) | | (2) | Common Stock | 606.9 | \$59.73 | 6,351. | 6 | D | |

Explanation of Responses:

1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.

2. The phantom stock units were accrued under the Sonoco Products Company directors deferred compensation plan and are to be settled in Sonoco Products Company common stock 6 months after the reporting person's retirement.

| <u>By: Elizabeth R. Kremer -</u> | |
|------------------------------------|------------|
| <u>Power of Attorney for Eleni</u> | 07/06/2023 |
| <u>Istavridis</u> | |
| ** 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.