FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, D.C. 20549 |
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| Check this box if no longer subject to |
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| 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 hours per response:

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* Grissett Russell K | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | of Reportin cable) or (give title | ıg Per | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|---|------------------------------|---|--|-----|--|---------------------------------------|----------------|--|--------------------------------------|---|--|---|---|---|------|--|
| (Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2022 | | | | | | | | | below) | | | below) | · | |
| (Street) HARTSVILLE SC 29551-01 (City) (State) (Zip) | | | 29551-0160 (Zip) | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transplate (Month/I | | | | saction | tion 2A. Deemed Execution Date, | | | 3. Transact Code (In 8) | 4. Secur pispose ode (Instr. 5) | | ities Acquir d Of (D) (Ins (A) o | | | nt of es ally Following d tion(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative (Instr. 3 and | De Se (In | Price of crivative curity estr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amoun or Numbe of Shares | r | | | | | | |
| Restricted Stock Units II | \$0.0000(1) | 02/09/2022 | | A | | 63 | | (2) | | (3) | Common Stock | 63 | \$ | 0.0000 | 63 | | D | | |

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 on 1/3/2025 and defer. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- $3. \ Vested \ shares \ will \ be \ paid \ to \ the \ reporting \ person \ six \ months \ following \ retirement \ or \ termination \ of \ service.$

By: Elizabeth R. Kremer -

Power of Attorney for Russell 02/11/2022

K. Grissett

** 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.