

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES****OMB APPROVAL**

OMB Number: 3235-0104  
 Estimated average burden  
 hours per response: 0.5

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 * <u>WEEKS LISA K</u> <hr/> (Last) (First) (Middle) <u>ONE NORTH SECOND ST</u> <u>P O BOX 160</u> <hr/> (Street) <u>HARTSVILLE SC 29551-0160</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>04/11/2022</u>	3. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO [ SON ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Staff VP Investor Relations</u>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Explanation of Responses:****Remarks:**

weeks-poa.txt

No securities are beneficially owned.

By: Elizabeth R Kremer-Power of Attorney for Lisa 04/20/2022K Weeks

\*\* 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 5 (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.

Special Power of Attorney  
Forms 3, 4 and 5 under the Securities  
Exchange Act of 1934

KNOW ALL MEN BY THESE PRESENTS, that the undersigned director or officer, or both, of Sonoco Products Company constitutes and appoints Julie C. Albrecht, John M. Florence, Jr. and Elizabeth R. Kremer, his or her true and lawful attorneys-in-fact and agents with full power of substitution and resubstitution, and each of them with full power to act without the other for him or her and in his or her name, place and stead, in any and all capacities, to execute and file, or cause to be filed, with the Securities and Exchange Commission Forms 3, 4 and 5 pursuant to Section 16 under the Securities Exchange Act of 1934, as amended, (the "Act") and any amendment to the foregoing, on his or her behalf, or on behalf of any trust or other entity that is required by the rules under Section 16 of the Act, to file reports under Section 16 because of the fact that said director or officer is a trustee, fiduciary or otherwise, granting unto said attorneys-in-fact and agents, full power and authority to do and perform each and every act and thing requisite and necessary to be done as fully to all intents and purposes as he or she might or could do in person, hereby ratifying and confirming all that said attorneys-in-fact and agents may lawfully do or cause to be done by virtue hereof. The authority granted by this Special Power of Attorney shall remain in effect as long as the undersigned is required to file Forms 4 and 5 under the reporting requirements of Section 16. The undersigned acknowledges that no attorney-in-fact of the undersigned pursuant to this Special Power of Attorney, by serving in such capacity, is assuming any of the undersigned's responsibilities to comply with Section 16 of the Act.

IN WITNESS WHEREOF, the undersigned has executed this Special Power of Attorney this Eleventh day of April, 2022.

Signature: \_\_\_\_\_  
Typed: Lisa K. Weeks