FORM 4

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

Washington,	$D \subset$	205/19	
wasiiiigtoii,	D.C.	20349	

STATEMENT OF CHANGES	IN BENEFICIAL	OWNERSHIP

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  Thompson Marcy J  (Last) (First) (Middle)					3. Da	Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]  3. Date of Earliest Transaction (Month/Day/Year)								Directo  Officer below)	ationship of Reporting I k all applicable) Director Officer (give title below)		10% Ow Other (s below)	vner		
ONE NORTH SECOND ST P O BOX 160						4. If Amendment, Date of Original Filed (Month/Day/Year)									VP,Marketing&Innovations  6. Individual or Joint/Group Filing (Check Applicable					
(Street) HARTSV	ILLE SC	2	9551-016	50		, , , , , , , , , , , , , , , , , , , ,								Form filed by One Reporting Person Form filed by More than One Reportin Person						
(City)	(Sta	, ,	Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	ction 2A. Deemed Execution Date,			Transaction Disposed Code (Instr. 5)			ties Acquire I Of (D) (Inst	d (A) or	5. Amount of Securities Beneficially Owned Follow		Form (D) or	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) or (D) Price		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		3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amount or Number of Shares							
Dividend Equivalents on Restricted Stock Units	\$0.0000(1)	03/10/2020			A		153.9		(2)		(2)	Common Stock	153.9	\$50.73	3,381.4	4	D			
Phantom Stock Units	\$0.0000 <sup>(3)</sup>	03/10/2020			A		30.7		(4)		(4)	Common Stock	30.7	\$50.73	3,653.8	8	D			

## **Explanation of Responses:**

- 1. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock
- 2. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.
- 3. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 4. Acquired on quarterly dividend on Sonoco Products Company's officers' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

By:Elizabeth R. Kremer -Power of Attorney for Marcy J. 03/12/2020 Thompson

\*\* 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.