Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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						
hours per response:	0.5					

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sect	1011 30(h)	or the	investmei	11 CO	mpany Act	01 1940									
1. Name and Address of Reporting Person <sup>*</sup> Fuller Rodger D						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]									tionship c all applic Directo	,	Perso	on(s) to Issu 10% Ow			
(Last)	```		(Middle)			V Officer (give title Oth											Other (s below) Officer	pecify			
ONE NORTH SECOND ST P O BOX 160					4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HARTSV	/ILLE SO	C	29551-010	50	Ξ	X Form filed by One Reporting Person Form filed by More than One Reportin Person															
(City)	(S	(State) (Zip)				Rule 10b5-1(c) Transaction Indication															
						satis	sfy the affirr	native	defense co	onditio	ns of Rule 1	0b5-1(c). S	ee Instruc	tion 1	0.						
		Tab	ole I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed c	of, or Be	neficia	ally	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				ed (A) or str. 3, 4 ar	nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	r Price		Transact (Instr. 3 a	ion(s)			(iii3u: 4)		
Common Stock 02				02/20	20/2024				Α		35,39	5,390 A \$		.87	148	148,719		D			
Common Stock 02/			02/20	0/2024	4			F				\$55	.87	· · · ·		17 D					
		-	Table II -								osed of, converti				wned						
1. Title of Derivative Security (Instr. 3)	2. 3. Transactio Date (Month/Day/M Price of Derivative Security		3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares	or							
Restricted Stock Units	<b>\$0.0000</b> <sup>(1)</sup>	02/20/2024			A		15,265		02/20/20	25	(2)	Common Stock	15,26	5	\$0.0000	15,265		D			
Restricted Stock Units II	<b>\$0.0000</b> <sup>(1)</sup>	02/20/2024		T	Α		333		(3)		(4)	Common Stock	333		\$0.0000	2,398		D			

(3)

11

Explanation of Responses:

**\$0.0000**<sup>(1)</sup>

Restricted

Stock

Units II

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 beginning one year from date of grant in three annual installments of 33%, 33% and 34%.

3. The restricted stock units vest immediately and deferred. Vested shares will be paid to the reporting person six months following retirement or termination of service.

4. 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 Rodger

11

\$56.31

Commor

Stock

D. Fuller

(4)

02/22/2024

2,387

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/20/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.