FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

gton, D.C. 20549	OMB APPROVA
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response:

	Check this box if no longer subject to
ì	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

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

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1. Name and Address of Reporting Person* <u>Harrell James A. III</u>					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												_			Directo			10% O			
					-									- :	X Officer below)	(give title		Other (s	specify		
(Last)	(F	First)	(Middle)			Date of Earliest Transaction (Month/Day/Year)									,	VP Tubes, Cores USA, CND					
ONE NORTH SECOND ST					06/10/2016										VP	rubes,CC	nes c	JSA,CND			
РОВОХ	160																				
1 0 00/1100						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		- 3		(,		Line				, (
HARTSV	TITE S	C	29551-016	30										:	X Form f	iled by One	e Repo	orting Perso	n		
11/11(15)	ILLL U		23331-010	30													re thar	n One Repo	rting		
															Persor	1					
(City)	(5	State)	(Zip)																		
		Tab	le I - Nor	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed c	of, or E	Bene	eficiall	y Owned						
1. Title of S	ecurity (In:	str. 3)		2. Transa	2A. Deemed Execution Date.				3.	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						Securities Forn Beneficially (D) o Owned Following (I) (Ir Reported			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				(Month/D	Day/Yea	ar) if	if any (Month/Day/Year)		Code (Instr.		5)		o, 4 anu	Beneficia	(D) or Indirect (I) (Instr. 4)						
							(WOITTI/Day/Year		8)									Reported			
									Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)							
		7	able II -	Derivat	tive S	Secu	rities	Acar	uired. D	ispo	osed of	or Be	nef	icially	Owned						
											onverti										
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nun	nber	6. Date Ex	ercis	able and	7. Title	and		8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative Security	Conversion or Exercise	n Date	Execution	Date,	Transa Code (of		Expiration	Expiration Date			Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of	e (Month/Day/Year)	if any (Month/Da		8)	ınsır.	Securities		Und			Underl	Underlying		(Instr. 5)	r. 5) Beneficia	ally Di	Direct (D)	Ownership		
	Derivative Security						Acquired (A) or			Derivative Section (Instr. 3 and 4)						Owned Following	.	or Indirect (I) (Instr. 4)	(Instr. 4)		
	County						Disposed		(mst. 5 and 4)				"		Reported		1				
						of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)							
			L			and 5)															
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					Code	ļ.,	_(A)		Date Exercises		Expiration	Title	0	f							
		1	-		Code	V	(A)	(D)	Exercisab	ne L	Date	Title	+	hares					-		
Dividend Equivalents							1	1				l									

(2)

Explanation of Responses:

Restricted Stock Units (1)

- 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.

By: Elizabeth R. Kremer -

107.5

06/14/2016 Power of Attorney for James

\$47.93

2,178.2

D

A. Harrell, III

Common

Stock

** 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).

06/10/2016

** 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.