FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
l	OMB Number:	3235-0287										
l	Estimated average burden											
l	hours per response:	0.5										

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

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* SANDERS MANCIL J					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	nst) (First) (Middle) NE NORTH SECOND ST O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2018						x	X Officer (give title Other (specify below) President & CEO					
(Street) HARTSVILLE SC 29551-0160 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I - Nor	-Deriv	ative :	Sec	curities	Acc	quired, Dis	sposed	of. or Ber	neficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action 2A. Deemed Execution Date,		3. Transaction	4. Securities Acquired (A) Transaction Code (Instr. 5)		d (A) or	5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code V	Amoun	t (A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 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. Deemed Execution Dat if any (Month/Day/Yo	Date, T	Code (Ins				6. Date Exercisable a Expiration Date (Month/Day/Year)		d 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code V		(A)	(D)	Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares						
Dividend Equivalents on Restricted Stock Units	\$0.0000(1)	03/09/2018			A		973.3		(2)	(2)	Common Stock	973.3	\$49	15,980	0.3	D		
Phantom Stock Units	\$0.0000(3)	03/09/2018			A		1,902.1		(4)	(4)	Common Stock	1,902.1	\$49	240,713.7	7762	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 Mancil J. 03/13/2018

Sanders

** 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.