| SEC For | m 4 FORM | Л | |) STAT | IES | SEC | CURI | ITIF | S AND | FX | СНА | NGE | СОМ | MIS | SION | | | | | |
|--|---|--|--|-------------------------------|--|-------------------------------------|--|---------------------------------------|---|--------------|---|------------------------------------|---|---|--|--|--------------------------|--|--|--|
| | | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | OMB APPROVAL | | | |
| Section obligat | this box if no lo 1 16. Form 4 or ions may contir tion 1(b). | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | |
| 1. Name and Address of Reporting Person [*] Haley John R | | | | | SONOCO PRODUCTS CO [SON] (Chee | | | | | | | | | Relationship of Reporting Person(s) to Issuer heck all applicable) X Director 10% Owner Officer (give title Other (specify | | | | ner | | |
| (Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) below) below) | | | | | | | | | | | | | below) | | |
| (Street) HARTSVILLE SC 29551-0160 | | | | | Line) X Form file | | | | | | | | | | pint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non | -Deriva | tive | Secu | urities | s Ac | quired, D | ispo | osed o | of, or Bo | enefic | ially | Owned | | | | | |
| Date | | | | 2. Transa Date (Month/D | Execution Date | | | , Transaction Disp Code (Instr. 5) | | Disposed | curities Acquired (A) o osed Of (D) (Instr. 3, 4 a | | | | | Form | Direct Indirect Estr. 4) | 7. Nature of ndirect Beneficial Dwnership | | |
| | | | | | | Code V | , , | Amount | (A) or (D) Pr | | ce | Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | | | | |
| | | | Table II - D | Derivat e.g., pı | ive S its, c | ecuri alls, | ities / warra | Acq ants | uired, Dis , options | spos , co | sed of, nverti | or Ber ble sec | neficia urities | lly C ခ) | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ [\] | ate, Tra Co | ansactio | on o tr. D A (A D (I | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | ate | of Securities | | ities ng e Securi | | . Price of Derivative Security Instr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s dly J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | de V | (4 | A) | (D) | Date Exercisable | | piration te | Title | Amou or Numb of Share | er | | | | | | |
| Phantom Stock Units | (1) | 07/01/2021 | | 1 | 4 | 1, | .,156.6 | | (2) | | (2) | Common Stock | 1,15 | 5.6 | \$66.68 | 38,613 | 3.1 | D | | |

Explanation of Responses:

1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.

2. The phantom stock units were accrued under the Sonoco Products Company directors deferred compensation plan and are to be settled in Sonoco Products Company common stock 6 months after the reporting person's retirement.

By: Elizabeth R. Kremer -

Power of Attorney for John R. 07/05/2021 Haley

** 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.