FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
|-------------|------------|--|
|-------------|------------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Wood Adam | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP Paper&Ind EMEA,Asia,ANZ | | | | | |
|--|---|--|--|---------------------------------|---|---|--|-------|--|----------------------|--------------------|--|--|-------------------------------|--|--|---|--|---------------------------------------|--|
| | Last) (First) (Middle) ONE NORTH SECOND ST O BOX 160 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2021 | | | | | | | | | | | | | | |
| (Street) HARTSVILLE SC 29551-0160 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | · ' | | | | | |
| | | Table | l - No | n-Deriva | tive S | Secu | rities | s Acq | uired, | Dis | posed of | , or E | Bene | eficially | y Own | ed | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | 4. Securitie Disposed C 5) | es Acqu Of (D) (I | iired (nstr. 3 | A) or 3, 4 and | | ties cially I Following | Forn (D) c | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common | imon Stock | | | | 02/19/2021 | | | | A | | 3,240 | A \$ | | \$59.25 | 19 | 19,423 | | D | | |
| Common | Stock | | | 02/19/2 | 2021 | | | | F | | 1,523 | D |) (| \$59.25 | \$59.25 17,900 D | | | | | |
| | | Та | | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

By:Elizabeth R. Kremer-

02/23/2021 Power of Attorney for Adam

Wood

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

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.

^{**} Signature of Reporting Person Date

^{*} 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).