FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(h) Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: 0 | | | | | | | | | |

| mstruct | ion ±(b). | | | riieu | | | | Investmen | | | | | 04 | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|------|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------|-----------------------------------------------------|--|
| 1. Name and Address of Reporting Person* Florence John M | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | elationship o eck all applio Directo | cable) | eporting Person(s) to Issu 2) 10% Ow | | | | |
| (Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2020 | | | | | | | - : | X Officer below) | Other (sp below) Secretary | pecify | | | | |
| (Street) HARTSV (City) | | | 29551-0160 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non-D | Deriva | ative S | ecuritie | s Ac | quired, | Disp | osed o | f, oı | r Ben | eficial | ly Owned | I | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | ate | Day/Year) if any | | A. Deemed xecution Date, any Month/Day/Year) | | r, Transaction Dispo Code (Instr. 5) | | Securities Acquired (A) sposed Of (D) (Instr. 3, | | | Securitie Beneficia Owned F | 5. Amount of Securities Beneficially Owned Following | | : Direct or Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | Code V Amount | | | | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | Instr. 4) | | | | | | | |
| | | Т | able II - De (e. | | | | | uired, D , option | | | | | | Owned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, 1 | Transaction Code (Instr. 8) Se Ad Di of | | osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | | or Number | | | | | |

Date Exercisable

(1)

Expiration Date

(1)

Explanation of Responses:

\$0.0000(1)

Dividend Equivalents

on Restricted

Stock Units

1. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.

Code l٧ (A) (D)

57.4

By:Elizabeth R Kremer -Power of Attorney for John M. 06/12/2020

\$53.41

538.2

D

of Shares

57.4

Title

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).

06/10/2020

** 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.