FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|------------------|
| | | | |

| OMB APPRO | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| 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* MICALI JAMES M | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | Relationship eck all appl X Direct | , | g Per | son(s) to Is | | |
|---|--|------------|--|--|---|----------|---|--------|--|--|------------------|-----------------|---|--|---|--|-------------------|--|---------------------------------------|
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020 | | | | | | | | | | r (give title) | | Other (below) | specify | |
| P O BOX 160 (Street) HARTSVILLE SC 29551-0160 (City) (State) (Zip) | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Code (li | 3. 4. Securitie Transaction Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | Benefic | es ially Following | s Form ally (D) o ollowing (I) (Ir | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | Transac | orted nsaction(s) tr. 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. Deeme Execution if any (Month/Day | Date, T | 4. Transactio Code (Inst 8) | | on of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | of s ng e Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | or Nu of | ımber | | | | | |
| Phantom Stock Units | (1) | 01/02/2020 | | | A | | 472.2 | | (2) | | (2) | Common Stock | 4 | 72.2 | \$60.88 | 58,588. | 5 | 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 James 01/06/2020

M. Micali

** 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.