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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							
houre per reenonce.	0.5							

or Indirect (I) (Instr. 4)

D

Owned Following Reported

Transaction(s) (Instr. 4)

20.290.6

					or Sec	tion 30(h) of the	Ínve	estmen	t Con	ipany Act	t of 19	940							
Name and Address of Reporting Person* Kyle Richard G						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					,							_ :	X Director			10% O	wner		
(Last)	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023									Officer (give title below)		Other (specify below)				
ONE NORTH SECOND ST				4 If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6 Ir	6. Individual or Joint/Group Filing (Check Applicable							
P O BOX 160				4. 11 7411	4. II Allichanchi, Date of Original Filed (World) Day, Teal)						Line	Line) X Form filed by One Reporting Person							
(Street) HARTSVILLE SC 29551-0160												Form f	Form filed by More than One Reporting Person						
HARTSVILLE SC 29331-0100					Rula	Pule 10h5 1(c) Transaction Indication													
(City)	(6	1-4->	(Zin)		Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	ative Se	ecurities Ac	cqui	ired,	Disp	osed (of, o	r Ben	eficial	ly Owned	ŀ				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				saction Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	∍,	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		7				curities Acq ls, warrants								Owned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transactio Code (Insti 8)	Fransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security			8. Price of Derivative Security (Instr. 5) 9. Number derivative Securities Beneficial Owned			10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

(1)

Phantom

Stock

Derivative Security

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock
- 2. Acquired on quarterly dividend on Sonoco Products Company's directors' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

(D)

Date Exercisable

(2)

Expiration Date

(2)

Acquired (A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A)

188.2

By: Elizabeth R. Kremer -

Amount Number

of Shares

188.2

(Instr. 3 and 4)

Power of Attorney for Richard 12/12/2023

\$54.49

G. Kyle

Title

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).

12/08/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.