FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OND AFF | NOVAL |
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| OMB Number: | 3235-028 |
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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

| OMB APPROVAL | | | | | | | | |
|------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burd | en | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| | | | | | | | | |

| Name and Address of Reporting Person* OKEN MARC D | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | | k all appl Direct | or | g Per | 10% O | wner |
|---|---|--|--|---------------------------------|--|-------|--|---------|--|---|------------------|--|--|--------------------|--|--|--|--|--|
| (Last) ONE NO | ORTH SEC | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019 | | | | | | | | Office below | r (give title) | | Other (below) | specify | | |
| F U BU/ | X 100 | | | | 4. If | Ame | ndment | t, Date | of Original | Filed | (Month/E | Day/Year) | | 6. Ind Line) | ividual or | Joint/Group | Filin | g (Check Ap | pplicable |
| (Street) HARTSV | VILLE SO | C : | 29551-016 | 0 | | | | | | | | | | | | filed by Mor | • | ting Person One Reporting | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curitie | es A | cquired, | Dis | posed | of, or B | enefic | ially | Owne | d | | | |
| Date | | | | 2. Transad Date (Month/Da | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (| Transaction Disposed Of (D Code (Instr. 5) | | | ties Acquired (A) o I Of (D) (Instr. 3, 4 a | | 5. Amou Securiti Benefic Owned Reporte | ies Fo cially (D Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | t (A) or Pi | | ce | Transac (Instr. 3 | ction(s) | | | (11150.4) |
| | | Т | able II - D (e | | | | | | juired, D s, option | | | | | | 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 D if any (Month/Day/ | Date, Ti | 4. Transactio Code (Inst | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | e and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | Di Sc (li | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Phantom Stock Units | (1) | 04/01/2019 | | | A | | 463 | | (2) | | (2) | Common Stock | 463 | | \$62.09 | 38,104.9 | , | 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 Marc 04/03/2019

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** 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.