FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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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

1. Name and Address of Reporting Person*  Fuller Rodger D				<u>S</u>	2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner  X Officer (give title Other (specify below)					
	(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021						Executive Vice President				
(Street) HARTSV	VILLE SO	2	29551-0160	4.	4. If Amendment, Date of Origin				Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				е	Execution Date,		Code (Instr	Transaction Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficia Owned For Reported	s   F Ily   ( ollowing   (	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V			Amount	(A) or (D)	Price	Transacti	Transaction(s) (Instr. 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Securiti Underlying Derivative (Instr. 3 an	es J Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	11(3)		
Restricted Stock Units	\$0.0000(1)	02/10/2021		A		11,431		02/10/2022 <sup>(2)</sup>	02/10/2035	Common Stock	11,431	\$0.0000	11,431	D		
Restricted Stock Units II	\$0.0000(1)	02/10/2021		A		476		(3)	(4)	Common Stock	476	\$0.0000	822	D		
Restricted Stock Units II	\$0.0000(1)	02/10/2021		F			16 <sup>(5)</sup>	(3)	(4)	Common Stock	16	\$61.32	806	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- $2. The \ restricted \ stock \ units \ vest \ beginning \ one \ year \ from \ date \ of \ grant \ in \ three \ annual \ installments \ of \ 33\%, \ 33\% \ and \ 34\%.$
- 3. The restricted stock units vest immediately and deferred. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- ${\bf 4.\ Vested\ shares\ will\ be\ paid\ to\ the\ reporting\ person\ six\ months\ following\ retirement\ or\ termination\ of\ service.}$
- 5. Each share of Restricted Stock Unit is the equivalent of one share of Sonoco Products Company common stock. The shares were cashed out to account for withholding taxes.

By: Elizabeth R. Kremer -

Power of Attorney for Rodger 02/12/2021

D. Fuller

\*\* 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.