FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 burden								
hours ner response.	05							

n*	2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
		x	Officer (give title	Other (specify			
(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014		,	below) er, Sec.			
29551-0160	4. If Amendment, Date of Original Filed (Month/Day/Year) 02/14/2014	6. Indiv Line) X	Form filed by One Re	eporting Person			
	(Middle)	SONOCO PRODUCTS CO [SON] (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/14/2014 29551-0160	SONOCO PRODUCTS CO [SON] (Check (Middle) 3. Date of Earliest Transaction (Month/Day/Year) X 02/12/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv 29551-0160 X X	SONOCO PRODUCTS ČO [SON] (Check all applicable) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) 02/12/2014 VP, Treasur 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filit Line) 29551-0160 X Form filed by One Re			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	te Execution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)

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)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	of Expiration Date (Month/Day/Year) Securities Acquired A) or Disposed		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units II	\$0.0000 ⁽¹⁾	02/13/2014		A		273		02/09/2016 ⁽²⁾	(3)	Common Stock	273	\$0.0000	851.9	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 on 2/9/16. Vested shares will be paid to the reporting person six months following retirement or termination of service.

3. Vested shares will be paid to the reporting person six months following retirement or termination of service.

Remarks:

This amendment is being filed to report the RSU II acquisition that was inadvertantly omitted from the original.

<u>By: Elizabeth R. Kremer -</u>	
Power of Attorney for Ritchie	02/14/2014
L. Bond	

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.