| SEC Form 4 | |
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FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |
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| | | | or Section 30(n) of the investment Company Act of 1940 | | | | | | |
|--|---------------------|------------|--|------------------------|--|-----------------|--|--|--|
| 1. Name and Address of Reporting Person [*] Cairns Sean | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | tionship of Reporting Pers all applicable) Director Officer (give title | 10% Owner | | | |
| (Last) ONE NORTH S | (First) ECOND ST | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023 | X | Other (specify below) aper&Closur | | | | |
| P O BOX 160 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Filing Form filed by One Rep | | | | |
| (Street) HARTSVILLE | SC | 29551-0160 | | | Form filed by More that Person | n One Reporting | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | | | | | | |
| | | | 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. | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (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) | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 3A. Deemed Execution Date, 7. Title and Amount of 8. Price of Derivative 10. Ownership 1. Title of 3. Transaction 5. Number 9. Number of 11. Nature Derivative Conversion ... Transaction derivative of Indirect Date (Month/Day/Year) or Exercise Price of Derivative Security if any (Month/Day/Year) Derivative Security (Instr. 3) Code (Instr. 8) Security (Instr. 5) Securities Securities Form: Beneficial Direct (D) or Indirect (I) (Instr. 4) Securities Acquired Underlying Derivative Security Beneficially Owned Ownership (Instr. 4) (A) or Disposed Following (Instr. 3 and 4) Reported Transaction(s) (Instr. 4) of (D) (Instr. 3, 4 and 5) Amount Number Expiration Date Date of Shares (D) Exercisable Title Code ν (A) Dividend Equivalents Commor \$0.0000⁽¹⁾ 09/08/2023 (2) (2) 32.5 102.9 32.5 \$54.86 D on Α Stock Restricted Stock Units

Explanation of Responses:

1. Each share of Dividend equivalents on Restricted Stock units is the economic equivalent of one share of Sonoco Products Company common stock

2. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.

| <u>By:Elizabeth R. Kremer -</u> |
|----------------------------------|
| Power of Attorney for Sean |
| <u>Cairns</u> |
| ** Signature of Reporting Person |

09/12/2023

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.