FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

0.5

hours per response:

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

| | | Reporting Person* OMAS E | | | | | | | cker or Trading | | , 1 | | Relationship neck all appl | of Reporting Ficable) | Person(s) to Is | suer |
|--|---|---|------------|------------------------|---|---------------------------------|---------|---------------------------|--|---|--|--|---|--|--|--|
| МПП | DUN I H | UMAS E | | | | | | | | | | | X Direct | or | 10% O | wner |
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019 | | | | | | | Office below | r (give title) | Other (below) | specify | |
| | | JND S1 | | | | | | | | | | | | | | |
| P O BOX | X 160 | | | | 4. If | Amer | ndment, | Date | of Original Fil | ed (Month/D | av/Year) | 6. | Individual or | Joint/Group F | ling (Check A | plicable |
| | | | | | | | , | | Ü | ` | , , | Lir | ie) | | | |
| (Street) HARTS | /ILLE SO | _ | 29551-016 | 20 | | | | | | | | | | filed by One R | . • | |
| пакточ | /ILLE SC | ، | 29551-010 | | | | | | | | | | Form Perso | filed by More to n | han One Repo | orting |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | urities | s Ac | quired, D | isposed (| of, or Be | neficia | lly Owne | d | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | Execution Date | | Code (Instr. 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code V | Amount | t (A) or (D) Pr | | Transac (Instr. 3 | ction(s) | | (Instr. 4) | | |
| | | Т | | | | | | | uired, Dis s, options, | | | | y Owned | | | |
| | _ | 1 | · · | | | Julio | · | | | | 1 | | I | I | 1 | 1 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | onversion Date r Exercise (Month/Day/Year rice of erivative | | Execution Date, If any | | Transaction (Code (Instr. 18) | | tive ties ed sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | | | | |
| Phantom Stock | (1) | 07/01/2019 | | | A | | 436.8 | | (2) | (2) | Common Stock | 436.8 | \$65.82 | 38,871.3 | 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 Thomas 07/03/2019

E. Whiddon

** 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.