Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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 per response:	0.5							

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	d Address of Robert R	Reporting Person*							ker or Trad DUCTS]		elationship o eck all applio Directo	cable) r	g Pers	10% Ov	vner	
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023								below)	(give title Chief Stra	tegy (Other (s below) Officer	specify	
P O BOX 160					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HARTSV	TILLE SO		29551-016	60									Form filed by One Reporting Person Form filed by More than One Reporti Person						
(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													
									defense cor						ii oi wiilleii	piaii iii	at is interiued	110	
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	es Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			Code (Instr. 5)				Benefici Owned F	ies Foillowing (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		Т	able II -						uired, D , option					Owned					
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Da	n Date, Transa Code (I				rative rities pired r osed)	6. Date Exercisa Expiration Date (Month/Day/Yea		e Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	O Fe Ily D OI	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalents on Restricted Stock Units	\$0.0000(1)	10/13/2023			F			3 ⁽²⁾	(3)		(3)	Common Stock	3	\$52.86	675.2	2	D		
Restricted Stock Units	\$0.0000(4)	10/13/2023			F			31 ⁽⁵⁾	10/13/202	2 1	10/30/2040	Common Stock	31	\$52.86	2,511	l	D		

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. Each share of Dividend Equivalents on 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.
- 3. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- 4. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 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 -

10/17/2023 Power of Attorney for Robert

Dillard

** 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.