FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

| STATEMENT OF CHAN | GES IN BENEFIC | CIAL OWNERSHIP |
|-------------------|----------------|----------------|
| | | |

| l | OMB APPR | ROVAL |
|---|----------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average bu | ırden |
| l | hours per response: | 0.5 |

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

| Name and Address of Reporting Person* Haley John R | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | (Che | eck all appli Directo | cable) or | g Per | son(s) to Iss | wner | |
|--|--|------------|-------------------|---|---|---|--|---|---------------------|---|------------------------|-----------------|---|--|--|---|---------------------------------------|-------------------|---------|
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2018 | | | | | | | | | Officer below) | (give title | | Other (below) | specify |
| P O BOX 160 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HARTSV | /ILLE SO | C 2 | 29551-016 | 60 | | | | | | | | 1 | 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. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | , 4 and Secur Benet | | ties For cially (D) Following (I) (| | vnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | (Instr. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| | | | Transa Code (I | ansaction of E ode (Instr. Derivative (I | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or | ount mber ares | | | | | |
| Phantom Stock Units | (1) | 10/01/2018 | | | A | | 517.7 | | (2) | | (2) | Common Stock | 51 | 7.7 | \$55.53 | 19,384.3 | 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 John R. 10/03/2018

Haley

** 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.