П

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. See
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 burde	en								
hours per response:	0.5								

1. Name and Addre	ss of Reporting Perso <u>KEVIN P</u>	on [*]	2. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO</u> [SON]		tionship of Reporting Pers all applicable) Director	son(s) to Issuer 10% Owner
,				x	Officer (give title	Other (specify
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)
ONE NORTH S	ECOND ST		06/09/2017		SR VP CORP. PL	AMMING
P O BOX 160						
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing	g (Check Applicable
(Street)				Line)		
HARTSVILLE	SC	29551-0160		X	Form filed by One Rep	orting Person
		25551-0100			Form filed by More that Person	n One Reporting
(City)	(State)	(Zip)				

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)	3. Transa Code (8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect	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)

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		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				
Dividend Equivalents on Restricted Stock Units	\$0.0000 ⁽¹⁾	06/09/2017		A		77.3		(2)	(2)	Common Stock	77.3	\$50.7	4,052.7	D	
Phantom Stock Units	\$0.0000 ⁽³⁾	06/09/2017		Α		455.5		(4)	(4)	Common Stock	455.5	\$50.7	59,640.2546	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. Acquired quarterly dividend equivalent rights on Restricted Stock which will be settled upon the reporting person's retirement or other termination of service.

3. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.

4. Acquired on quarterly dividend on Sonoco Products Company's officers' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

By: Elizabeth R. Kremer -

Power of Attorney for Kevin P. 06/13/2017

<u>Mahoney</u>

** 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.