FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
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| | | | |

| OMB APPRO | DVAL | | | |
|------------------------|-----------|--|--|--|
| OMB Number: | 3235-0287 | | | |
| Estimated average burd | len | | | |
| 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* Cockrell Harry A | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|-------------|--|---|---|--|---|--------|--------------------|---|--|--|---|---|---|--|--------|--|--|
| | | | | | | | | | | | | | | _ | X Director Office | or r (give title | | 10% Ov Other (| |
| (Last) (First) (Middle) ONE NORTH SECOND ST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017 | | | | | | | | | below | | | below) | | |
| P O BOX 160 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HARTSVILLE SC 29551-0160 | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (\$ | State) | (Zip) | | | | | | | | | | | | Perso | n | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | Transaction Disposed O Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefic Owned | es For ially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | Code | v | Amount | ount (A) or (D) | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| | | T | able II - I (| | | | | | uired, D | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution I if any (Month/Day | Date, Transa Code | | | of E | | Expiration | 5. Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or Nu of | ımber | | | | | |
| Phantom Stock Units | (1) | 07/03/2017 | | | A | | 533.3 | | (2) | T | (2) | Common | n 5 | 33.3 | \$51.57 | 9,450.1 | | 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 Harry A. 07/07/2017 Cockrell

** 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.