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

Washington, D.C. 20040

## 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

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	OMB APPROVAL										
l	OMB Number: 3235-028										
l	Estimated average burden										
l	hours per response:	0.5									

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1. Name and Address of Reporting Person* <u>Harrell James A. III</u>						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (spe				vner	
(Last) (First) (Middle) ONE NORTH SECOND ST P O BOX 160					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2018									below)				респу: 	
(Street) HARTSVILLE SC 29551-0160  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	e I - Non-l	Deriv	ative	Sec	urities	s Ac	quired,	Dis	posed of	, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned Fe Reported	s Ily ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(msu. 4)	
		Т	able II - De (e								osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Day if any (Month/Day/	ate,	4. Transactior Code (Instr. 8)		5. Number n of		6. Date Exercis. Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative (Instr. 3 and	d f Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		v			Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	\$0.0000(1)	02/14/2018			A		1,308		02/14/201	<b>9</b> <sup>(2)</sup>	02/14/2028	Common Stock	1,308	\$0.0000	1,308	В	D		
Restricted Stock Units II	\$0.0000(1)	02/14/2018			A		318		(3)		(3)	Common Stock	318	\$0.0000	578		D		
Restricted Stock Units II	\$0.0000(1)	02/14/2018			F			11	(3)		(3)	Common Stock	11	\$50.83	567		D		
Stock Appreciation	\$50.83	02/14/2018			A		9.542		02/14/201	g <sup>(4)</sup>	02/08/2028	Common	9,542	\$0.0000	9.542	,	D		

## Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- 2. The restricted stock units vest beginning one year from date of grant in three annual installments of 33%, 33% and 34%.
- 3. The restricted stock units vest on 12/31/2016. Vested shares will be paid to the reporting person six months following retirement or termination of service.
- $4. SAR \ units \ vest \ beginning \ one \ year \ from \ date \ of \ grant \ in \ three \ annual \ installments \ of \ 33\%, \ 33\% \ and \ 34\%.$

By: Elizabeth R. Kremer -Power of Attorney for James A. 02/16/2018 Harrell, III

\*\* 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.