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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Instructi		ao. 000		Filed) of the Sec Investment				934		liouis	s per re	эринэе.	0.5
1. Name and Address of Reporting Person* <u>Dillard Robert R</u>				or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								eck all appli Direct	cable) or	,		ner		
(Last) (First) (Middle) ONE NORTH SECOND ST			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023									helow)) ``			pecily		
P O BOX	160				4. If <i>i</i>	Amer	ndment	, Date o	f Original F	iled	(Month/Da	y/Year)	Line	,			(Check Apporting Person	
(Street) HARTSV	TLLE SC	2	29551-0160)											iled by Mo		One Repor	
(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													
		Tabl	e I - Non-	Dorive		satisfy	the affi	rmative	defense cond	ditior	ns of Rule 1	0b5-1(c). Se	e Instruction	on 10.		i pian u	iai is interiuet	110
		Tabi				_			' '	JISI						1		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)		ed (A) or tr. 3, 4 and	Benefici	ies For ially (D) Following (I) (m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	/	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(III30I. 4)	
		Т	able II - D (e						uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8) 5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)		rative rities ired rosed () (7.3, 4		n Date Ar ay/Year) Se Ur De		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)	11/01/2023			F			5 ⁽²⁾	(3)		(3)	Common Stock	5	\$54.17	670.2	2	D	
Restricted	\$0.0000 ⁽⁴⁾	11/01/2023			F			37 ⁽⁵⁾	11/01/2023		(3)	Common	37	\$54.17	3,032	2	D	

Explanation of Responses:

Stock Units

- 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 -

Power of Attorney for Robert 11/03/2023

Dillard

Stock

** 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.