FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* WHIDDON THOMAS E | | | | <u>SC</u> | Sonoco Products Co [son] Date of Earliest Transaction (Month/Day/Year) | | | | | | (Ch | eck all applic | cable) or | Person(s) to Iss | vner | |
|--|---|--|--------------|-----------|---|------------|---|-----------------|--|--------------------|--|---|---|--|---|--|
| (Last) | (Fi | irst) | (Middle) | | | 09/08/2023 | | | | | | | below) | (give title | Other (s below) | specify |
| ONE NORTH SECOND ST P O BOX 160 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | |
| (Street) HARTSVILLE SC 295 | | 29551-016 | 50 | Di | ر مار | OhE | 1(0) | Tranca | ation In | dication | | Form f Persor | | han One Repo | rting | |
| (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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | <i>r</i> ative | Sec | uritie | s Ac | quired, D | isposed | of, or Be | neficia | ly Owned | i | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date | Code (Instr. 5) | | | Benefici | es Fo ally (D Following (I) | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code V | Amoun | nount (A) or (D) | | Transac (Instr. 3 | tion(s) | | | | |
| 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) | te Execution | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | 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 | | | | |
| Phantom Stock Units | (1) | 09/08/2023 | | | A | | 498.1 | | (2) | (2) | Common Stock | 498.1 | \$54.86 | 54,075.5 | D | |

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 2. Acquired on quarterly dividend on Sonoco Products Company's directors' 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 Thomas 09/12/2023

E. Whiddon

** 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.