FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

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

| 1. Name and Address of Reporting Person [*] SANDERS MANCIL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---|--|---|--|---|---|---------|------|--|--------|-----------------------|---|-----------------|---|--|---|-----------------------------|---|-------------------------|
| (Last) | (Fi | st) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2003 | | | | | | | | X | below) | | | Other (s below) | pecify |
| SONOC | | | | | | | | | | | V. | P-IPD No | rth A | merica | | | | | |
| ONE NORTH SECOND STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| HARTSVILLE SC 29550 | | | | | | | | | | | | | | Form fi Person | | e thar | n One Repo | orting | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Exe if a | Deemed cution Date, ny nth/Day/Year) | | | | | ities Acq d Of (D) | | | 5. Amou Securitio Benefici Owned Followin | urities For eficially (D) ned Indi owing (Ins | | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | it (A) or (D) | | Price | Reporte Transac | | | | , | |
| 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. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (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) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | nount mber ares | | | | | |
| Phantom Stock Units | (1) | 07/31/2003 | | | A ⁽²⁾ | | 36.5509 | | (2) | | (2) | Common Stock | ¹ 36 | .5509 | \$22.8 | 1,050.94 | 422 | D | |

Explanation of Responses:

1. 1-for-1

2. The reported phantom stock units were acquired under Sonoco Products Company's excess benefit plan and will be settled upon the reporting person's retirement or other termination of service.

<u>George S. Hartley - Power of</u> <u>Attorney</u> <u>08/01/2003</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.