FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to									
٦	Section 16. Form 4 or Form 5 obligations may continue. See									
J	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* OKEN MARC D						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO SON									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
OKEN WAKE D																or		10% O	wner	
						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2007										r (give title)		Other (s	specify	
ONE NORTH SECOND STREET																				
,	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)												l'	X Form filed by One Reporting Person							
HARTSVILLE SC 29550												Form filed by More than One Reporting								
-													Person					"ung		
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (In:	str. 3)		2. Transa	action	7 2	2A. Deer	med	3.		4. Secui	rities Acqui	red (A) o	r	5. Amou	unt of	6. O\	wnership	7. Nature	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Date (Month/E	Tay/Ve	Execution Dat						ed Of (D) (In	and			Form: Direct (D) or Indirect		of Indirect Beneficial		
(MOI					Jayric		(Month/Day/Ye						Owned		Following (I) (I		nstr. 4)	Ownership		
									Code	v	Amount	(A) c	r Pric	:e	Reporte	tion(s)			(Instr. 4)	
											Amount (D)				(Instr. 3 and 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(6	e.g., p	uts,	calls	s, war	rants	s, option	s, c	onverti	ble seci	urities	5)						
1. Title of	2.	3. Transaction	3A. Deemed		4. Transaction Code (Instr. 8)				6. Date Exe		ble and	7. Title and		8. Price o				10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution D						Expiration Date (Month/Day/Year)			Amount of Securities			rivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	' '	(Month/Day	/Year) 8								Underlyin Derivative			str. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						(A) o	r	(Instr. 3 and 4)					,		Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)	(msu. 4)	
							Disposed of (D) (Instr. 3, 4 and 5)													
				H				, 		_		Am								
													or							
									Date	E	xpiration		Number of							
				- 0	Code	٧	(A)	(D)	Exercisable	D	ate	Title	Shares	•						
Phantom	(1)	00/00/2007					1,2,4		(2)		(2)	Common	13.4		NAD 770	2 275 4		Б		
Stock Units	(1)	06/08/2007			Α		13.4		(2)		(2)	Stock	13.4	· ·	\$43.73	2,275.4		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: George S. Hartley - Power of Attorney For: Marc D. Oken

06/12/2007

** 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.