FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burde	en									
1	hours nor resnonse:	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* <u>SULLIVAN CHARLES L JR</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 X Officer (give title below) below)						
(Last) (First) (Middle) ONE NORTH SECOND STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/31/2007								EXECUTIVE VICE PRESIDENT					
(Street) HARTSVILLE SC 29550				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Person												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Transaction Disposed Of (Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F Reported	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	Amo	unt	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			instr. 4)	
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 of Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date if any (Month/Day/Year)		oate, T	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		O U	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)		Date Exercisable	Expirat Date		Γitle	Amount or Number of Shares					
Phantom Stock Units	(1)	08/31/2007			A		46.983		(2)	(2)	C	Common Stock	46.983	\$36.02	34,482.1	712	D	
Phantom Stock Units	(1)	08/31/2007			A		117.5		(3)	(3)		Common Stock	117.5	\$36.02	34,599.6	712	D	

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 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.
- 3. The reported phantom stock units were accrued under the Sonoco Products Company officers 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: Charles L. Sullivan, Jr.

09/05/2007

** 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.