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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check t	his box if no longer subject to
Section	16. Form 4 or Form 5
obligatio	ons may continue. See
Instructi	on 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

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

				01 000		vestille		npany Act of	1540					
1. Name and Address of Reporting Person <sup>*</sup> MAHONEY KEVIN P				2. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO</u> [ SON ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) ONE NORTH S	(First) ECOND STR	(Middle) EET		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2007							X Officer (give title Other (spec below) Delow) VICE PRESIDENT-CORP. PLANNIN			
(Street) HARTSVILLE (City)	SC (State)	29550 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>			
		Table I - Nor	n-Derivati	ive S	ecurities Acq	uired,	Disp	posed of,	or Ben	eficially	Owned			
Date			2. Transactio Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code V		Amount (A) or (D) Pr		Price	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>		(Instr. 4)	
					curities Acqui						Dwned			
1			(e.g., puts	s, cal	lls. warrants.	optioi	ns, c	onvertible	e secur	ities)				

	(e.g., puis, cais, 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. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of		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	(1)	06/08/2007		А		37.9		(2)	(2)	Common Stock	37.9	\$43.73	1,404.6	D	
Phantom Stock Units	(1)	06/08/2007		Α		44.1		(3)	(3)	Common Stock	44.1	\$43.73	8,716.7846	D	
Phantom Stock Units	(1)	06/08/2007		Α		7.695		(4)	(4)	Common Stock	7.695	\$43.73	8,724.4796	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. The rights become exercisable proportionately with the options to which they relate.

3. Acquired on quarterly dividend on Sonoco Products Company's deferred long term incentive plan and are to be settled upon the reporting person's retirement or other termination of service.

4. Acquired on quarterly dividend on Sonoco Products Company's excess benefit plan and will be settled upon the reporting person's retirement or other termination of service.

By: George S. Hartley - Power	
of Attorney For: Kevin P.	<u>06/12/2007</u>
<u>Mahoney</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.