FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549	
---------------------	------	-------	--

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

Name and Address of Reporting Person* DELOACH HARRIS E JR					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DELUACH HARRIS E JR											•		X	Director			10% Ow	/ner	
(Last) ONE NO	`	irst) OND STREET	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/10/2003								X	Officer (g below) PRI	-	Other (spec below) NT AND CEO		pecify	
(Street)	TLLE SO	C	29550		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	′					
(City)	(S	tate)	(Zip)											Person					
		Ta	able I - Non-	Deriva	tive S	ecurities	s Ac	quired, D	oisp	osed o	f, or Be	nefici	ally (Owned					
Date			. Transaci ate Month/Da	Execution ay/Year) if any		ecution Date,		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficiall Owned Fol Reported	Form (D) (Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership		
	Code V Amount (A) or (D)								r Prio	ce	Transaction (Instr. 3 and	on(s) nd 4)			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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		ying	8. Price of Derivative Security (Instr. 5)	erivative derivative ecurity securitie Benefici Owned Followin Reporte		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour Number Shares	er of		Transaction(s)				
Dividend Equivalent Rights	(1)	12/10/2003		A		107.3961		(2)		(2)	Common Stock	107.3	3961	\$23.8	2,062.8	809	D		
Dividend Equivalent Rights	(1)	12/10/2003		A		8.2		(3)		(3)	Common Stock	8.	2	\$23.8	2,071.0	809	D		
Dividend Equivalents on Restricted Stock Units	(1)	12/10/2003		A		1,499		(4)		(4)	Common Stock	1,4	99	\$23.8	25,186	6.2	D		

Explanation of Responses:

- 1. 1-for-1
- 2. Acquired on quarterly dividend on the Sonoco Products Company excess benefit plan and are to be settled in cash upon the reporting person's retirement or other termination of service.
- 3. Acquired on quarterly dividend on the Sonoco Products Company officers' deferred compensation plan and are to be settled in cash upon the reporting person's retirement.
- 4. Acquired on quarterly dividend. The rights become exercisable proportionately with the options to which they relate.

By: George S. Hartley For: Harris E. DeLoach, Jr.

12/11/2003

** 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.