FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| ngton, D.C. 20549 | OMB APPROVAL |
|-------------------|--------------|
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| 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* <u>HOLLEY RONALD E</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | eck all applic Directo | able) r | | 10% Owner | |
|---|---|------------|---|--|--|---|------------|---------------------------------|--|--|---|--|---|--|--|---|--|
| (Last) (First) (Middle) ONE NORTH SECOND STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2005 | | | | | | | helow) | | | ´ | |
| (Street) HARTSVILLE SC 29550 (City) (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Sec | urities | Ac | quired, Di | sposed | of. or Be | neficial | lv Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ction 2A. Deemed Execution Date, | | | d Date, | 3. Transaction Code (Inst | 4. Secu | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amour Securitie Beneficia Owned F | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | Amoun | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | | | |
| | | 7 | | | | | | | uired, Dis _l , options, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution I if any (Month/Day | Date, T | ransac Code (Ir | | | | 6. Date Exerc Expiration D (Month/Day/ | ate | 7. Title an of Securit Underlyin Derivative (Instr. 3 a | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership ect (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalents on Restricted Stock Units | (1) | 12/09/2005 | | | A | | 124 | | (2) | (2) | Common Stock | 124 | \$0 | 4,613.9 | D | | |
| Phantom Stock Units | (1) | 12/09/2005 | | | A | | 53.438 | | (3) | (3) | Common Stock | 53.438 | \$0 | 5,928.189 | 98 D | | |

Explanation of Responses:

- 1. 1-for-1
- $2. \ Acquired \ on \ quarterly \ dividend. \ The \ rights \ become \ exercisable \ proportion at ely \ with \ the \ options \ to \ which \ they \ relate.$
- 3. 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.

By: George S. Hartley - Power of Attorney For: Ronald E. 12/13/2005 Holley

** 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.