FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| CTATEMENT OF CHANCES IN DENERICIAL OWNERSHIP | |
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | |

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* SANDERS MANCIL J | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | (Ch | elationship o eck all applic Directo | able) | Perso | 10% Ow | ner | | |
|--|-----|---------------------|----------|---|--|--------------|-----|--|---|---|-----------------|---|---|------------|--|---------------------------------------|------------|--|
| (Last) ONE NO | , | irst) OND STREET | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2007 | | | | | | | X Officer (give title below) Other (specify below) SR VP-GLOBAL IND PRODUCTS | | | | | | |
| (Street) HARTSV | | | 29550 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (8 | | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | 5. Amount Securities Beneficia Owned For Reported | s Form ally (D) o ollowing (I) (II | | Direct I Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | | | | (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 Oate Omoth/Day/Yea Price of Derivative Security | | | | | action (Instr. | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | 311(5) | | | |
| Phantom Stock Units | (1) | 02/28/2007 | | A | | 327.428 | | (2) | | (2) | Common Stock | 327.428 | \$37.02 | 7,118.83 | 362 | 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.

By: George S. Hartley - Power 03/02/2007 of Attorney For: Mancil J.

Sanders

** 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.