FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 0549 | OMB APPROVAL |
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| | OMB Number: | 3235-0287 |
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| ı | Estimated average burde | en |
| ı | 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* BOND RITCHIE L | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|---|----------|---|--|---------------|------------------------------|--|--------|--------------------|---|--------------------------------------|---|---|--|----------------|--|--|--|
| | | | | | 1 | | | | | | | | | | Directo | r | | 10% Ov | vner | |
| (Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | Officer below) | (give title | | Other (s below) | specify | |
| ONE NORTH SECOND STREET | | | | | | 02/01/2006 | | | | | | | | | STAFF VP & TREASURER | | | | . | |
| | | | | | | | | | | | /A1./D | n.,) | - | | | | | (0) 1.4 | <u> </u> | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| HARTSVILLE SC 29550 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Table | e I - Non | -Deriva | ative | Seci | urities | Acc | quired, I | Dis | posed o | f, or Ber | nefic | ially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | ction | . Deeme | | 3. Transac | 3. 4. Securities Acquired (A | | | | | | | | | 7. Nature of | | | |
| | | | | (Month/D | ay/Year) if any (Month/Day/Year) | | | Code (Instr. 5) | | | | -, | Benef Owner | | ially (D) Following (I) (| | | Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pri | се | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | | |
| | | Ta | able II - D | Derivat | ive S | ecur | rities A | Acqu | ıired, Di | spo | osed of, | or Bene | ficia | lly (| Owned | | , | | 1 | |
| | | | (0 | e.g., p | uts, c | alls, | warra | ants, | option | s, c | onvertib | le secu | ritie | s) | | | | | | |
| 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. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amo or Num of Shai | ber | | | | | | |
| Stock Appreciation Right | \$33.37 | 02/01/2006 | | | A | | 4,000 | | 02/01/200 | 7 | 02/01/2016 | Common Stock | 4,0 | 00 | \$0 | 4,000 |) | D | | |

Explanation of Responses:

By: George S. Hartley - Power of Attorney For: Ritchie L. 02/03/2006

Bond

** 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.