Che Sec FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* CECIL ALLAN V						2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]									eck all applic	plicable)		Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) ONE NORTH SECOND STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2006									2	below)		R RE	below)	`
(Street) HARTSVILLE SC 29550 (City) (State) (Zip)					4. If .	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Code V Amount (A) or Disposed Of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 4) (Instr. 4)																		
1. Title of Security (Instr. 3)				. Transaction Date Month/Day/Year)			2A. Deemed Execution Date, if any		3. Transac	3. 4 Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	nt of es ally following	Form (D) or	: Direct Indirect str. 4)	of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	r P	rice	Transact	tion(s)			(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 D if any (Month/Day/	Pate,	4. Transa Code (I 8)	ction	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
				(Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	or	ount nber res					
Dividend Equivalents on Restricted Stock Units	(1)	06/09/2006			A		38.2		(2)		(2)	Commor Stock	38	3.2	\$31.42	1,376.5	5	D	
Phantom Stock Units	(1)	06/09/2006			A		9.101		(3)		(3)	Commor Stock	9.1	101	\$31.42	3,217.07	85	D	
Phantom Stock Units	(1)	06/09/2006			A		15.9		(4)		(4)	Commor	15	5.9	\$31.42	3,232.97	85	D	

Explanation of Responses:

- 1. 1-for-1
- 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 excess benefit plan and will be settled upon the reporting person's retirement or other termination of service.
- 4. 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.

By: George S. Hartley - Power of Attorney For: Allan V. Cecil

06/12/2006

** 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.