FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

01	ИB	APPRO	VAL	
 	-			_

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* SANDERS MANCIL J					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Check (specify)					
(Last) ONE NO	st) (First) (Middle) IE NORTH SECOND STREET					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2007							X Officer (give title Other (specify below)  SR VP-GLOBAL IND PRODUCTS				
(Street) HARTSVILLE SC 29550 (City) (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(Oity)	(0)		le I - Non-De	rivativ	e Se	curities	Ac	quired, Di	sposed c	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transactio Code (Inst	n Disposed	ties Acquire I Of (D) (Inst		5. Amour Securitie Beneficia Owned F	s For ally (D) ollowing (I) (	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
			Code V			Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(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 Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	4. 5. Number of Orde (Instr. Derivative		ive ies ed ed nstr.	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 (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Dividend Equivalents on Restricted Stock Units	(1)	12/10/2007		A		62.5		(2)	(2)	Common Stock	62.5	\$34.45	1,671.6	D			
Phantom Stock Units	(1)	12/10/2007		A		25.677		(3)	(3)	Common Stock	25.677	\$34.45	7,651.566	52 D			
Phantom Stock Units	(1)	12/10/2007		A		32.8		(4)	(4)	Common Stock	32.8	\$34.45	7,684.366	62 D			

## **Explanation of Responses:**

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 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 12/12/2007 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.

- $^{\star}$  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.