| SEC Form 4 | |
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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 |
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| | 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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | |

| | | | 01 360 | | estinent Com | party Act of 1940 | | | | |
|--|-------------------------|----------|---------------------------------------|---|---|--|-------------------|--|---|---|
| 1. Name and Address of Reporting Person* HUPFER CHARLES J | | | | er Name and Ticker OCO PRODI | | · | (Check | tionship of Reportin all applicable) Director Officer (give title | 10% C | |
| (Last) ONE NORTH S | (First) ECOND STREET | (Middle) | 3. Date 11/30/ | of Earliest Transac 2006 | tion (Month/D | ay/Year) | X Si | below) ENIOR VICE PI | below) |) |
| , (Street) | | | 4. If Am | endment, Date of (| Driginal Filed (| (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group | Filing (Check A | pplicable |
| HARTSVILLE | SC | 29550 | | | | | X | Form filed by One | | |
| (City) | (State) | (Zip) | | | | | | Form filed by Mo Person | re than One Rep | oorting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| Date | | | Transaction ate lonth/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day(Year) | 3. Transaction Code (Instr. 9) | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | 4 and | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |

 (Month/Day/Year)
 8)
 Owned Following
 (I) (Instr. 4)
 Ownersh (Instr. 4)

 Code
 V
 Amount
 (A) or (D)
 Price
 Price
 Instr. 4)
 Ownersh (Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (orgi, paro, varianto, opinono, contentino cocaritico) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|---|-----------------------------------|-------------------------------------|--------------------|--|--|---|-------------|--|--|
| 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. Transa Code (8) | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. 3 and 5) | tive ties ed sed 3, 4 | Expiration Date (Month/Day/Year) | | Expiration Date Amount of (Month/Day/Year) Securities Underlying | | mount of Derivative ecurities Security nderlying (Instr. 5) erivative Security | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Phantom Stock Units | (1) | 11/30/2006 | | A | | 35.91 | | (2) | (2) | Common Stock | 35.91 | \$36.99 | 11,618.9663 | D | |

Explanation of Responses:

1. 1-for-1

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.

| <u>By: George S. Hartley - Power</u> | |
|--------------------------------------|------------|
| of Attorney For: Charles J. | 12/04/2006 |
| <u>Hupfer</u> | |

** 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.