

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

☐ 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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person * <u>BOWEN JIM C</u> (Last) (First) (Middle) <u>ONE NORTH SECOND STREET</u> (Street) <u>HARTSVILLE SC 29550</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO [SON]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>SENIOR VICE PRESIDENT</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/09/2006</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	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				
<u>Dividend Equivalents on Restricted Stock Units</u>	<u>(1)</u>	<u>06/09/2006</u>		<u>A</u>		<u>111</u>		<u>(2)</u>	<u>(2)</u>	<u>Common Stock</u>	<u>111</u>	<u>\$31.42</u>	<u>3,636.2</u>	<u>D</u>	
<u>Phantom Stock Units</u>	<u>(1)</u>	<u>06/09/2006</u>		<u>A</u>		<u>39.489</u>		<u>(3)</u>	<u>(3)</u>	<u>Common Stock</u>	<u>39.489</u>	<u>\$31.42</u>	<u>12,149.5783</u>	<u>D</u>	
<u>Phantom Stock Units</u>	<u>(1)</u>	<u>06/09/2006</u>		<u>A</u>		<u>55.7</u>		<u>(4)</u>	<u>(4)</u>	<u>Common Stock</u>	<u>55.7</u>	<u>\$31.42</u>	<u>12,205.2783</u>	<u>D</u>	

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: Jimmy C. Bowen
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.