FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEF	ICIAL OW	NERSHIP

l	OMB APPRO	VAL			
	OMB Number:	3235-0287			
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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

1. Name and Address of Reporting Person* HARTLEY CYNTHIA A				2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HARTEET CINTHIA A														Directo			L0% Ow		
						Date of Earliest Transaction (Month/Day/Year)								X Officer below)	(give title		Other (spelow)	респу	
(Last) (First) (Middle)					04/28/2006								SR VICE PRES - HUMAN RESOURCES						
ONE NORTH SECOND STREET																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					""					(,,,,,,	Line			9 (
HARTS	VILLE S	C	29550											X Form f	led by One I	Reporting	Person		
														Form filed by More than One Reporting					
(City)	(5	State)	(Zip)											Persor					
		T-1	la I Nasa	Danis		- 6-			annima d. D			f ar Da		h. O					
		ıar	le I - Non	-Deriva	ative	e Se	curities	S AC	-	_		-		ly Owned	· · ·				
1. Title of	Security (In:	str. 3)		2. Transa Date	action	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						6. Owners		7. Nature of Indirect		
(Month/Da					Day/Ye	ay/Year) if any Code (Instr.				5)			Benefici	ally (D) o	(D) or Indi	rect E	Beneficial Ownership (Instr. 4)		
				(Month/Day/Year)		` ` 		_		ĭ	(I) (Instr. 4								
					Code \	/ A	Amount (A) or (D)		Price	Transact (Instr. 3									
			Fabla II - F	20 411 404	hi	Caa	unition	Λ	uirad Die		ad af	or Don	- Hioially	Ourned			<u> </u>		
			ا - Table II '						נונים, טונ , options					Owned					
		1	·			Can	'		-										
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed		l. Tansaction		5. Number n of		6. Date Exercisable and 7. Title and An Expiration Date of Securities				8. Price of Derivative	9. Number of derivative		nership	11. Nature of Indirect		
Security	or Exercise Price of	(Month/Day/Year)	if any	´ c	Code (Instr.	Securities Acquired					Underlying		Security	Securities	For	Form:	Beneficial Ownership	
(Instr. 3)	Derivative		(Month/Day/Ye	rear) o)				Derivative Sec (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned	or I	or Indirect (Instr	(Instr. 4)	
Security					(A) or Disposed								Following Reported	(1) (1	(I) (Instr. 4)				
						of (D) (Instr 3, 4 and 5)									Transaction(s) (Instr. 4)	n(s)			
				\vdash			3, 4 and	, J		_				ł	(111301. 4)				
													Amount or						
									Date	Expi	iration		Number of						
				С	Code	٧	(A)	(D)	Exercisable			Title	Shares						
Phantom	(1)	0.4/00/0005					22.464		(2)		(2)	Common	32.461	* 24.22	44.446.44	00			
Stock Units	(1)	04/28/2006			A		32.461		(2)	1 '	(4)	Stock	32.401	\$31.32	11,146.11	09	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.

By: George S. Hartley - Power

05/02/2006 of Attorney For: Cynthia A.

Hartley

** 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.