## SEC Form 4

# 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

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 Estimated average burden 0.5 hours per response:

	ss of Reporting Perso CHARLES L J		2. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO</u> [ SON ]	(Check	tionship of Reporting Pers all applicable) Director	10% Owner			
(Last) ONE NORTH SI	(First) ECOND STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2007		Officer (give title below) EXECUTIVE VICE	Other (specify below) PRESIDENT			
(Street) HARTSVILLE SC 29550		29550	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repo				
(City)	(State)	(Zip)			Form filed by More than Person	n One Reporting			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

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

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

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

	(oigi, puto, builo, marano, opitolio, bolitoliulo obbuilito)														
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)				6. Date Exerc Expiration Da (Month/Day/Y	ate	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)	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		(Instr. 4)		
Phantom Stock Units	(1)	02/28/2007		Α		579.989		(2)	(2)	Common Stock	579.989	\$37.02	33,193.7612	D	
Phantom Stock Units	(1)	02/28/2007		A		108.3		(3)	(3)	Common Stock	108.3	\$37.02	33,302.0612	D	

### Explanation of Responses:

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

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.

3. The reported phantom stock units were accrued under the Sonoco Products Company officers deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

By: George S. Hartley - Power of Attorney For: Charles L. 03/02/2007 Sullivan, Jr.

Date

\*\* Signature of Reporting Person

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.