FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 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* COKER CHARLES W | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|---------|--------------------------------|----------------------------------|--|---------|--|--|---|--|-----------------|---------------------------------------|---|--|--------------------------------|---|-------------------------|--|
| (Last) ONE NO | ` | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) $12/10/2003$ | | | | | | | v Off | ow) | give title | | Other (specify pelow) | | |
| (Street) HARTSV | ARTSVILLE SC 29550 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X 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. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | rities Acquired (ed Of (D) (Instr. : | | Secu Ben Own | | Fo (D) Inc | rm: Direct or direct (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | Rep Tran | owing orted saction(s r. 3 and 4 | s) | str. 4) | (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 Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | 4. Transact Code (In 8) | | of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | e Amount | | of s ng | 8. Price of Derivat Securit (Instr. § | deriv ve Secu Bene Own Follo Repo | owing orted saction(s | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | | | Date Exercisabl | | ixpiration Pate | Title | Amoun or Number of Shares | | | | | | |
| Dividend Equivalent Rights | (1) | 12/10/2003 | | | A | | 117.57 | | (2) | | (2) | Common Stock | 117.57 | \$23.8 | 3,5 | 505.6374 | D | | |
| Dividend Equivalents on Restricted Stock Units | (1) | 12/10/2003 | | | A | | 1,059.7 | | (3) | | (3) | Common Stock | 1,059.7 | \$23.8 | 2 | 28,760 | D | | |

Explanation of Responses:

- 1. 1-for-1
- 2. Acquired on quarterly dividend on the Sonoco Products Company excess benefit plan and are to be settled in cash upon the reporting person's retirement or other termination of service.
- 3. Acquired on quarterly dividend. The rights become exercisable proportionately with the options to which they relate.

By: George S. Hartley For: 12/11/2003 Charles W. Coker

** 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.