FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | . OWNERSHIP |
|------------------|-------------------|---------------|-------------|

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | burden | | | | | | | |
| hours per response | | | | | | | | |

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* <u>HUPFER CHARLES J</u> | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | vner | | | | |
|--|--|--|--|---|--|--|--------|-----|--|---|---|---|---|---|---|--|----------------|--|---------------------------------------|
| (Last) (First) (Middle) ONE NORTH SECOND STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2005 | | | | | | | | 7 | X Officer (give title Other (specify below) SENIOR VICE PRESIDENT & CFO | | | | | | |
| (Street) | VILLE SO | 2 | 29550 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | Person | on | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 5. Amour Securitie Beneficia Owned F Reported | es For ally (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transact (Instr. 3 a | ion(s) | | | (IIIStr. 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) | 3A. Deemed Execution Dat if any (Month/Day/Yo | Co | Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | • | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | i i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | umber | | | | | |
| Phantom Stock Units | (1) | 04/29/2005 | | A | A | | 44.052 | | (2) | | (2) | Commo Stock | n 44 | 4.052 | \$27.09 | 2,785.78 | 333 | 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

of Attorney For: Charles J.

<u>Hupfer</u>

** Signature of Reporting Person Date

05/02/2005

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.