FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

| 1. Name and Addres <u>SANDERS M</u> | 1 0 | * 1 | 2. Issuer Name and Ticker or Trading Symbol <u>SONOCO PRODUCTS CO</u> [SON] | | tionship of Reporting Pe all applicable) Director | rson(s) to Issuer 10% Owner |
|-------------------------------------|-------------------------|----------------|---|------------------------|--|-------------------------------------|
| (Last) ONE NORTH SE | (First) ECOND STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2005 | - x | Officer (give title below) VP - IPD NORTH | Other (specify below) AMERICA |
| (Street) HARTSVILLE (City) | SC (State) | 29550 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Filir Form filed by One Rej Form filed by More tha Person | porting 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) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (1130.4) | | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 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 | | | | |
| Dividend Equivalents on Restricted Stock Units | (1) | 12/09/2005 | | A | | 60.5 | | (2) | (2) | Common Stock | 60.5 | \$0 | 1,217.8 | D | |
| Phantom Stock Units | (1) | 12/09/2005 | | A | | 16.314 | | (3) | (3) | Common Stock | 16.314 | \$ <mark>0</mark> | 1,987.3272 | D | |

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 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.

By: George S. Hartley - Power 12/13/2005 of Attorney For: Mancil J.

Sanders

** 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.