FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or | Secti | on 30(h) | of the | Ínvestmen | t Con | npany Act | of 1940 | | | | | | | | |
|---|---|--|---|---------|--------------------------------------|--|---|--------|---|-------------------------------------|--|-----------------------------|--|--------------------------------------|---|--|--|--|---|--|
| 1. Name and Address of Reporting Person* <u>SULLIVAN CHARLES L JR</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON] | | | | | | | | | all appli Directo | | | 10% O | vner | |
| (Last) (First) (Middle) ONE NORTH SECOND STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2005 | | | | | | | | | | er (give title Other (speci v) below) PP-GLOBAL CONSUMER PRODUCTS | | | | |
| (Street) HARTSVILLE SC 29550 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/01/2005 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | ative | e Se | curitie | s Ac | quired, | Dis | posed o | of, or Be | enefici | ally | Owned | l k | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (I | Transaction Dispose Code (Instr. 5) | | ities Acqui d Of (D) (In | | 4 and Securiti Benefic Owned Reporte | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) (D) | Price | | | ction(s) | | | | |
| | 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. Transactio Code (Inst 8) | | | | 6. Date Exe Expiration (Month/Dat | | 7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a | of s ig e Security | 8. Price of Derivative Security (Instr. 5) | | | e s dly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amoun or Numbe of Shares | | | | | | | |
| Phantom Stock Units | (1) | 02/28/2005 | | | A | | 121.8 | | (2) | | (2) | Common Stock | 121.8 | 4 | \$29.08 | 3,306.05 | 12 | D | | |

Explanation of Responses:

- 1. 1-for-1
- 2. 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. 03/24/2005

Sullivan, Jr.

** 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.