SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check | this box if no longer subject to |
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| | n 16. Form 4 or Form 5 |
| | tions may continue. See |
| | ction 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 | | | | | | |
| hours per response: 0.5 | | | | | | |

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| 1. Name and Address of Reporting Person* HARTLEY CYNTHIA A | | n* | 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 |
|---|-------------------------|--------------------|--|--|
| (Last) ONE NORTH S | (First) ECOND STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2007 | X Officer (give title Other (specify below) below) SR VICE PRES - HUMAN RESOURCES |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) |
| HARTSVILLE | SC | 29550 | | X Form filed by One Reporting Person |
| (City) | (State) | (Zip) | | Form filed by More than One Reporting Person |
| | Та | ble I - Non-Deriva | ative Securities Acquired, Disposed of, or Benefi | cially Owned |

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

| 1. Title of Security (Instr. 3) | Date Ex (Month/Day/Year) if | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | (D) or Indirect | 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)

| | | | (* 5 / | , | | , | | , opnono, | | | / | | | | |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-----------------|---|--|--|--|--|
| 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) | | 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and | Expiration Date (Month/Day/Year) quired or posed D) (Instr. | | of Securities | | 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 | | | | |
| Phantom Stock Units | (1) | 07/31/2007 | | A | | 30.271 | | (2) | (2) | Common Stock | 30.271 | \$36.67 | 26,503.4989 | 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 | |
|------------------------------------|------------|
| <u>of Attorney For: Cynthia A.</u> | 08/02/2007 |
| <u>Hartley</u> | |

** 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.