FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
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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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Pignone Marty F</u>				٦	DOI TOCO I RODUCTO CO [SON]									Directo	or		10% O	vner		
(Loct)	3. 🖸	3. Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s	specify					
(Last) (First) (Middle)					10/	10/31/2007									VICE :	PRESIDE	NT	PAPER - I	NA	
ONE NORTH SECOND STREET																				
(Street)			4. If	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						
THARTS VILLE SC 25550														Form filed by More than One Reporting						
(City)	(5	State)	(Zip)												Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	tion 2A. Deemed 3. 4. Securities Acquired (A							5. Amou				7. Nature								
Date (Month/Da					Day/Ye	Execution Date, ay/Year) if any			e, Transaction Disposed Of (D) (Instr. 3, 4			str. 3, 4 a	nd	Securition Benefici				of Indirect Beneficial		
					(Month/Day/Yea			ar) 8) ´ ´				Owned Report					Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Price		e	Transac	saction(s) . 3 and 4)			(
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(6	e.g., pı	uts,	calls	s, warr	ants	s, options	s, c	onverti	ble secu	ırities)						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed		4. Transa				6. Date Exercisable and Expiration Date			7. Title an		8. Price of Derivative		9. Number of derivative		10. Ownership	11. Nature	
Security or Exercise (Month/Day/Year) if any			(c	Code (de (Instr. Derivative Securities Acquired		Month/Day/Year) Securities Underlying Derivative Securities					Security (Instr. 5)		Securities Beneficially Owned		Form: Bo Direct (D) Or or Indirect (In	Beneficial			
(Instr. 3) Price of Derivative (Month/Day/Year				(Year) 8							3)						Security	Ownership (Instr. 4)		
Security						(A) or Instr. 3 and Disposed						nd 4)			Following Reported		(I) (Instr. 4)			
						of (D) (Instr. 3, 4										Transaction(s) (Instr. 4)				
					(instr. 3, 4 and 5)									(111511.4)						
										Т			Amour	t						
													or Numbe	r						
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares							
Phantom		1		\neg						T		Common		\top						
Stock Units	(1)	10/31/2007			A		30.92		(2)		(2)	Stock	30.92	4	30.92	9,331.02	33	D		

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- 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: Marty F. 11/01/2007

Pignone

** 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.