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|  | FORM  | 4 l  | JNITED  | STA    | TES  | SE  | CUF    | RITI                      | ES AND   | EX  | СНА          | NGE C               | COMN   | IISSION   |   |                                      |  |                                       |
|--|---|--|---|--------|--|-----|--------|---------------------------|--|---|--------------|---------------------|--|---|---|--------------------------------------|--|---------------------------------------|
|  |   |  |   |        | Washington, D.C. 20549   |     |        |                           |  |   |              |                     |  |   | OMB APPROVAL  |                                      |  |                                       |
| Section 16. Form 4 or Form 5<br>obligations may continue. See      |   |  |   | d purs | AT OF CHANGES IN BENEFICIAL OWNE<br>I pursuant to Section 16(a) of the Securities Exchange Act of 1934<br>or Section 30(h) of the Investment Company Act of 1940 |     |        |                           |  |   |              |                     |  | Estim   | OMB Number: 323<br>Estimated average burden<br>hours per response:  |                                      | 3235-0287<br>m<br>0.5  |                                       |
| 1. Name and Address of Reporting Person*<br><u>KASRIEL BERNARD</u> |   |  |   |        | 2. Issuer Name and Ticker or Trading Symbol<br>SONOCO PRODUCTS CO [ SON ]  |     |        |                           |  |   |              |                     |  | of Reportir<br>icable)<br>or                        | Reporting Person(s) to Issuer<br>le)<br>10% Owner   |                                      |  |                                       |
| (Last) (First) (Middle) ONE NORTH SECOND STREET                    |   |  |   |        | 3. Date of Earliest Transaction (Month/Day/Year)<br>09/08/2006   |     |        |                           |  |   |              |                     | Officer (give title Other (specify below) below)   |   |   |                                      | specify  |                                       |
| (Street)<br>HARTSVILLE SC 29550<br>(City) (State) (Zip)            |   |  |   |        | 4. If Amendment, Date of Original Filed (Month/Day/Year)<br>09/12/2006   |     |        |                           |  |   |              |                     | <ul> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul> |   |   |                                      |  |                                       |
|  |   | Tab  | le I - Nor  | -Deriv | ative  | Sec | uritie | es Ac                     | cauired. D   | Dispo   | sed o        | of. or Be           | eneficia   | lly Owne  |   |                                      |  |                                       |
| 1. Title of Security (Instr. 3)<br>(Month/E                        |   |  |   | action | ction 2A. Deemed Execution Date,   |     |        | 3.<br>Transac<br>Code (In | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) |   |              | red (A) or          | ) or<br>4 and<br>5. Amount o<br>Securities<br>Beneficially<br>Owned Follo  |   | Forn<br>(D) c   | n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |
|  |   |  |   |        |  |     |        | Code                      | V A  | Amount  | (A) o<br>(D) | <sup>Pr</sup> Price | Reporte<br>Transac<br>(Instr. 3  | orted<br>nsaction(s)<br>tr. 3 and 4)                |   |                                      | (Instr. 4)   |                                       |
|  |   | Т  |   |        |  |     |        |                           | uired, Dis<br>s, options                               |   |              |                     |  |   |   |                                      |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 4.<br>Transaction<br>Code (Instr.<br>8)  |     | of E   |                           | Expiration D   | 6. Date Exercisable and<br>Expiration Date<br>Month/Day/Year) |              |                     | d<br>f<br>g<br>Security<br>nd 4)   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | s<br>Ily                             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |        | Code   | v   | (A)    | (D)                       | Date<br>Exercisable                                    |   | ration       | Title               | Amount<br>or<br>Number<br>of<br>Shares   |   |   |                                      |  |                                       |

Explanation of Responses:

(1)

1. 1-for-1

Phantom

Stock Units

2. Acquired on quarterly dividend on Sonoco Products Company's directors' deferred compensation plan and will be settled upon the reporting person's retirement or other termination of service.

(2)

48.2

| <u>By: George S. Hartley - Power</u> |            |
|--------------------------------------|------------|
| of Attorney For: Bernard L. M.       | 01/16/2007 |
| Kasriel                              |            |

48.2

\$33.16

6,524.8

D

Common

Stock

(2)

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

09/08/2006

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.