FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB AP	PROVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per respons	se: 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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HUPFER CHARLES J					2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [ SON ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HUPFE	LR CHAP	KLES J			001				0010		[ 001.	1			Directo	r		10% Ov	vner
(Loot) (Firot) (Middle)					Date of Earliest Transaction (Month/Day/Year)								_	X	Officer below)	(give title		Other (s below)	specify
(Last) (First) (Middle)					10/31/2007								SENIOR VICE PRESIDENT & CFO						
ONE NORTH SECOND STREET																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II / III chament, Date of Original Filed (Month Day/Teal)								Line)						
HARTSV	VILLE SO	3	29550											X	Form fi	led by One	Repo	rting Persor	1
														Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)											Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
						_			-	_								[	
1. Title of Security (Instr. 3) 2. Transa			Date	Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4				5. Amour	s Form			7. Nature of Indirect				
(Month/D					Day/Year) if any (Month/Day/Year)			Code (Instr.   5) )   8)							Beneficia Owned F		Beneficial Ownership		
					(	(		′   <del>°′</del>	_		nt (A) or Pr			Reported	ı [`	(,, (	, (	(Instr. 4)	
									Code V	'			Amount	ice	Transaction(s) (Instr. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		'							options						Junica				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	n of		6. Date Exer	rcisable and		7. Title and Amo		unt	8. Price of	9. Number	of	10.	11. Nature
Derivative	Conversion		Execution Da		nsactio				Expiration Date (Month/Day/Year)			of Securi		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) Price of Perivative					de (Ins	Securities Acquired (A) or		Derivative Seco							Beneficially		Direct (D)	Ownership	
	1		(Instr. 3 and 4)					nd 4)			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)					
	Disposed												Reported	- 1	(1) (111541. 4)				
							of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)	on(s)			
										Т			Amo	unt					
													or Num	<sub>her</sub>					
					.  ,	1,,,	١,		Date		piration	<b>-</b> :41-	of	.					
				Co	ie V	(A)	- 10	(D) I	Exercisable	Da	ate	Title	Shar	es					
Phantom Stock	(1)	10/31/2007		A		45.5	669		(2)		(2)	Common Stock	45.5	669	\$30.92	29,312.72	213	D	
Units	I	ı	I	- 1	- 1	- 1	- 1	- 1		1		I	1	- 1		I			1

## **Explanation of Responses:**

- $1. \ Each \ share \ of \ Products \ Company \ common \ stock.$
- 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 11/01/2007 of Attorney For: Charles J.

<u>Hupfer</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.