Edgar Filing: SONOCO PRODUCTS CO - Form 4

SONOCO I	PRODUCTS CO												
Form 4													
September	11, 2008												
FORM	Л 4		an ar				NG		-	PPROVA	L		
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	NOMB Number:	3235-	0287		
Check this box									Expires:	Januar	•		
	subject to STATEMENT OF CHANGES IN BENEFICIAL O							WNERSHIP OF Estimated ave			2005		
Section	16.			SECUE	RITIES					burden hours per			
Form 4 Form 5		~			~ .				response	response 0			
obligati								nge Act of 1934,					
may con	Nection 17			•	•	-	•	of 1935 or Sectio	on				
<i>See</i> Inst 1(b).	ruction	30(n) C	of the fi	nvestment	Compai	ny Ad	ct of 1	940					
(Print or Type	Responses)												
	Address of Reporting	g Person <u>*</u>	2. Issue	er Name an	d Ticker or	Tradi	ng	5. Relationship of	of Reporting Per	rson(s) to			
BOND RI	ICHIE L	,	Symbol					Issuer					
			SONO	CO PROI	DUCTS (CO [S	SON]	(Che	ck all applicabl	e)			
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check an applicable)					
			(Month/Day/Year)				Director		10% Owner				
ONE NOR	09/10/2008					XOfficer (give titleOther (specify below)							
								· · · · · · · · · · · · · · · · · · ·	VP & TREASU	JRER			
	(Street)		4. If Am	endment. D	ate Origina	al		6. Individual or J	Ioint/Group Fili	ng(Check			
			4. If Amendment, Date Original Filed(Month/Day/Year)					Applicable Line)					
								X_Form filed by					
HARTSVI	LLE, SC 29550							Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	1		
1.Title of	2. Transaction Date	A. Deeme	d	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature	of		
Security	(Month/Day/Year)	Execution I	Date, if	Transactio	-				Form: Direct	Indirect			
(Instr. 3)		any (Month/Day/Year)		Code Disposed of (D)				•	(D) or Indirect				
				(Instr. 8) (Instr. 3, 4 and 5)		5)		(I) (Instr. 4)	Ownershi (Instr. 4)	ıp			
								Reported	((
						(A) or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
Reminder: Re	port on a separate lin	e for each cla	ss of sec	urities bene	ficially ow	ned di	rectly o	or indirectly.					

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8		(A) or Disposed (D)	Disposed of D) Instr. 3, 4,				(Instr.	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	09/10/2008		А		1.497		(2)	(2)	Common Stock	1.497	\$ 35

Reporting Owners

Reporting Owner Name / Address	Relationships								
F	Director	10% Owner	Officer	Other					
BOND RITCHIE L ONE NORTH SECOND STREET HARTSVILLE, SC 29550			STAFF VP & TREASURER						
Signatures									
By: George S. Hartley - Power of A Bond	ttorney F	or: Ritchie L	. 09/11/2008						
<u>**</u> Signature of Reporting	Person		Date						

Explanation of Responses:

- * 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).
- (1) Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock.
- (2) Acquired on quarterly dividend on Sonoco Products Company's excess benefit plan and will be settled upon the reporting person's retirement or other termination of service.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.