## Edgar Filing: SONOCO PRODUCTS CO - Form 4

SONOCO PRO	DUCTS CO										
Form 4											
September 11, 2											
FORM 4	4 UNITED	STATES		RITIES A shington			E COMMISSIO		PPROVAL 3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or	STATEN		F CHAN	IGES IN SECUR	BENEF RITIES	Estimated burden hou response	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Resp	oonses)										
HUPFER CHARLES J Symbol				suer Name <b>and</b> Ticker or Trading ol OCO PRODUCTS CO [SON]			Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				te of Earliest Transaction th/Day/Year) 0/2008			Director X Officer (gi below)	Officer (give title Other (specify			
				Amendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
HARTSVILLE	e, SC 29550							More than One R			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			

Reminder: Report on a separate line for each class of securities beneficially owned directly 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 of	6. Date Exercisable and	7. Title and Amount of	1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	]
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Dividend Equivalents on Restricted Stock Units	<u>(1)</u>	09/10/2008		А		61.7	<u>(2)</u>	(2)	Common Stock	61.7
Phantom Stock Units	<u>(1)</u>	09/10/2008		А		321.4	(3)	(3)	Common Stock	321.4
Phantom Stock Units	<u>(1)</u>	09/10/2008		А		48.529	(4)	(4)	Common Stock	48.529

## **Reporting Owners**

Reporting Owner Name / Address								
• •	irector	10% Owner	Officer	Other				
HUPFER CHARLES J ONE NORTH SECOND STREET HARTSVILLE, SC 29550			SENIOR VICE PRESIDENT & CFO					
Signatures								
By: George S. Hartley - Power of Atto Hupfer	orney F	or: Charles J	. 09/11/2008					
<b>**</b> Signature of Reporting P	erson		Date					
Explanation of Responses:								
		<b>T</b>	4/1 >/ >					

- \* 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. The rights become exercisable proportionately with the options to which they relate.
- (3) Acquired on quarterly dividend on Sonoco Products Company's deferred long term incentive plan and are to be settled upon the reporting person's retirement or other termination of service.
- (4) 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.

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