Edgar Filing: SONOCO PRODUCTS CO - Form 4

SONOCO PRODUCTS CO Form 4 March 12, 2008						
FORM 4 UNITED STATE	S SECURITIES AND EXCHANGE	COMMISSION	-	PROVAL		
	Washington, D.C. 20549		OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or	OF CHANGES IN BENEFICIAL OV SECURITIES	VNERSHIP OF	Expires: January 31, 2005 Estimated average burden hours per response 0.5			
$\hat{\text{obligations}}$ Section $17(a)$ of the	Section 16(a) of the Securities Exchar Public Utility Holding Company Act) of the Investment Company Act of 19	of 1935 or Section				
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> Pignone Marty F	2. Issuer Name and Ticker or Trading Symbol SONOCO PRODUCTS CO [SON]	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check	(Check all applicable)			
ONE NORTH SECOND STREET	(Month/Day/Year) 03/10/2008	Director 10% Owner X Officer (give title Other (specify below) below) VICE PRESIDENT PAPER - NA				
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by O	by One Reporting Person			
HARTSVILLE, SC 29550		Form filed by M Person	ore than One Re	porting		
(City) (State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of,	, or Beneficial	ly Owned		
(Instr. 3) any	ned 3. 4. Securities n Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	SecuritiesForBeneficially(II)Owned(II)	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a separate line for each	class of securities beneficially owned directly o	r 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	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	J
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	ŝ

1

S S

Edgar Filing: SONOCO PRODUCTS CO - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	or D (D)	uired (A visposed tr. 3, 4, 5)					
				Code V	7 (A	A) (D) Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares
Dividend Equivalents on Restricted Stock Units	<u>(1)</u>	03/10/2008		A	10	7.3	<u>(</u>	(2)	(2)	Common Stock	107.3
Phantom Stock Units	(1)	03/10/2008		А	17.	261		(3)	(3)	Common Stock	17.261
Phantom Stock Units	<u>(1)</u>	03/10/2008		А	1.	36		(4)	(4)	Common Stock	136

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Pignone Marty F ONE NORTH SECOND STREET HARTSVILLE, SC 29550			VICE PRESIDENT PAPER - NA					
Signatures								
By: George S. Hartley - Power of Attorney For: Marty F.								
Pignone			03/12/2008					
<u>**</u> Signature of Reportin	g 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. The rights become exercisable proportionately with the options to which they relate.
- (3) 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.
- (4) 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.

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.

(