## Edgar Filing: CAMPBELL BERNARD W - Form 4

CAMPBEL	L BERNARD W											
Form 4												
December 0												
FORM							NOT		т	PPROVAL		
Washington, D.C. 20549									NOMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL									Expires:	January 31		
							LOV	WNERSHIP OF	Estimated	200 average	Э	
Section 16. SECURITIES										burden hours per		
Form 4	or								response			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).												
(Print or Type	Responses)											
	Address of Reporting		2. Issue	er Name <b>and</b>	I Ticker or	Tradi	ing	-	f Reporting Person(s) to			
CAMPBEI	LL BERNARD W		mbol	bol				Issuer				
		SC	SONOCO PRODUCTS CO [SON]					(Check all applicable)				
(Last)	(Middle) 3.	3. Date of Earliest Transaction					(Check an appreador)					
		(M	(Month/Day/Year)					Director 10% Owner				
ONE NOR	TH SECOND ST		1/26/2008			_X_Officer (give titleOther (specify						
								below) below) VP & CHIEF INFORMATION OFFICER				
			<b>T</b> 0 1									
				. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
				onth/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person				
HARTSVILLE, SC 29550									More than One R			
HARISVI	LLE, SC 29550							Person		1 0		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit				6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Dat	te, if	Transactio	-			Securities	Form: Direct	Indirect		
(Instr. 3)		any	7)	Code	Disposed			Beneficially	(D) or Indirect			
		(Month/Day/Y	rear)	(Instr. 8)	(Instr. 5, 4	4 and	5)	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(1150. 7)	(1150. 7)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
				coue v	2 mount		1 1100					
Reminder: Re	port on a separate line	e for each class	of sec	urities benef	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 of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/	Day/Year)	(Instr.	8)	Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of					(Inst
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	11/26/2008			А		33.691		(2)	(2)	Common Stock	33.691	\$ 2
Reporting Owners													
<b>Reporting Owner Name / Address</b>			Director	10% Owner	offic	cer	Relatio	nship	s		Other		
CAMPBE ONE NOI HARTSV			VP & CHIEF INFORMATION OFFICER										
Signa	tures												
By: George S. Hartley - Power of Attorney For: Bernard W. Campbell 12/01/2								2/01/2008					
	**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).
- Each share of phantom stock is the economic equivalent of one share of Sonoco Products Company common stock. (1)
- The reported phantom stock units were acquired under Sonoco Products Company's excess benefit plan and will be settled upon the (2) 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.