Edgar Filing: SONOCO PRODUCTS CO - Form 4

SONOCO I	PRODUCTS CO											
Form 4												
December 2	29, 2008											
FORM	ЛЛ									PPROVAL		
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	OMB Number:	3235-02	287	
Check this box									Expires:	January 3	31,)05	
subject to STATEMENT OF CHANGES IN BENEFICIAL								WNERSHIP OF				
Section 16. SECURITIES								Estimated average burden hours per				
Form 4	or								response 0.5			
Form 5 obligati								nge Act of 1934,				
may con	Section 170			•	•	-	•	of 1935 or Section	on			
<i>See</i> Inst 1(b).		30(h) c	of the I	nvestment	t Compai	ıy Ас	ct of 1	940				
(Print or Type	Responses)											
1. Name and Pignone M	Address of Reporting arty F	-	Symbol	er Name and			-	5. Relationship o Issuer	f Reporting Per	rson(s) to		
			SONOCO PRODUCTS CO [SON]					(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction							
ONE NOD				Day/Year)				Director X Officer (giv		% Owner her (specify		
ONE NOR	TH SECOND ST	KEEI	12/23/2	2008				below)	ESIDENT PAPE			
	(Street)		4. If Am	endment, D	ate Origina	ıl		6. Individual or J	oint/Group Fili	ng(Check		
				onth/Day/Yea	-			Applicable Line) _X_ Form filed by One Reporting Person				
HARTSVI	LLE, SC 29550							Form filed by 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.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) of of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	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 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	n/Day/Year)	(Instr. 8	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>	12/23/2008			А		41.371		(2)	(2)	Common Stock	41.371	\$ 1
Reporting Owners													
Reporting Owner Name / Address			Relationships										
			Director	10% Owner	Offic	cer				Othe	er		
Pignone Marty F ONE NORTH SECOND STREET HARTSVILLE, SC 29550					VIC	CE	PRESIE	DENT	ΓPAPER - Ξ	NA			
Signatures													
By: George S. Hartley - Power of Attorney For: Marty F.													

Pignone

**Signature of Reporting Person

12/29/2008 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) 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.

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.