Edgar Filing: SMITH EDWARD L - Form 4

SMITH EI	OWARD L											
Form 4												
April 02, 2	007											
FOR	М 4								-	PPROVA	L	
Washington, D.C. 20549										3235-0287		
Check this box									Expires:	Dires: January 31 2009 January 31		
subject to statement of changes in BENEFICIAL OW								WNERSHIP OF				
Section 16. SECURITIES										burden hours per		
Form 4									response	esponse 0.		
Form 5 obligat	iona Pileu pu							nge Act of 1934,				
may co				•	•	-	•	of 1935 or Sectio	on			
	truction	30(h) of	t the Ir	nvestment	t Compai	ny Ao	ct of 1	940				
1(b).												
(Print or Type	e Responses)											
(Thin of Typ	e responses)											
1. Name and	Address of Reporting	g Person [*]	2 Issue	er Name an	d Ticker o	· Tradi	inσ	5. Relationship o	f Reporting Per	cson(s) to		
SMITH E		2. Issuer Name and Ticker or Trading Symbol				ing	Issuer					
			SONOCO PRODUCTS CO [SON]				SONI	1				
(Last)							(Check all applicable)					
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)					Director	100	% Owner		
ONE NOF		03/30/2007					Director 10% Owner X Officer (give title Other (specify					
	Ŭ						below) below) VP-IPD & PAPER - EUROPE					
	(Street)											
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check							
	F	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
HARTSV	ILLE, SC 29550							Form filed by 1				
111111100	ILLL, SC 27550							Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	1	
1.Title of	2. Transaction Date	e 2A. Deemed	. Deemed 3. 4. Securities					5. Amount of	6. Ownership	7. Nature	of	
Security	(Month/Day/Year)		ate, if	1 ,				Form: Direct	Indirect			
(Instr. 3)		any (Month/Day/Year)		Code Disposed of (D)) (Instr. 8) (Instr. 3, 4 and 5)				-	(D) or Indirect (I)	Beneficia Ownershi		
		(Wonth Day)	/ 1 cal)	(Instr. 0)	(111501. 5,	+ anu	5)		(Instr. 4)	(Instr. 4)	ιp	
						(A)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
D 1 D		C 1 1	C		c 11		d					
Keminder: R	eport on a separate lin	le for each class	s of sec	urities bene	inclaily ow	ned di	rectly of	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>	03/30/2007			А	25.625		(2)	(2)	Common Stock	25.625	\$ 3
Reporting Owners												
Reporting Owner Name / Address		/ Address	Relationships									
		Director	10% Owner	Officer				Other				
SMITH EDWARD L ONE NORTH SECOND STREET HARTSVILLE, SC 29550					VP-IPD & PAPER - EUROPE							
Signa	tures											
By: George S. Hartley - Power of Attorney For: Edward L. 04/02/2007 Smith												

<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) 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.