

Colyer John M
 Form 4
 September 14, 2009

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
 Colyer John M

(Last) (First) (Middle)
 ONE NORTH SECOND STREET
 (Street)

HARTSVILLE, SC 29550

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 SONOCO PRODUCTS CO [SON]

3. Date of Earliest Transaction
 (Month/Day/Year)
 02/04/2009

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 VP Ind. Converted Products NA

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474
 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. De
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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	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	(In
Dividend Equivalents on Restricted Stock Units	(1)	03/10/2009	A	6.4			(1)	(1)			Common Stock	6.4	\$
Dividend Equivalents on Restricted Stock Units	(1)	06/10/2009	A	4.6			(1)	(1)			Common Stock	4.6	\$
Dividend Equivalents on Restricted Stock Units	(1)	09/10/2009	A	109.5			(1)	(1)			Common Stock	109.5	\$
Dividend Equivalents on Restricted Stock Units	(1)	09/10/2009	A	4.5			(1)	(1)			Common Stock	4.5	\$
Restricted Stock Units	(2)	02/04/2009	A	427			(3)	(3)			Common Stock	427	\$

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Colyer John M ONE NORTH SECOND STREET HARTSVILLE, SC 29550			VP Ind. Converted Products NA	

Signatures

By: George S. Hartley - Power of Attorney For: John M. Colyer, Jr.

09/14/2009

__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) The dividend equivalent rights become exercisable appropriately with the options to which it is related. Each dividend equivalent right is the economic equivalent of one share of Sonoco Products Company common stock.
- (2) Each restricted stock unit represents a contingent right to receive one share of Sonoco Products Company common stock.
- (3) The restricted stock units vest on March 24, 2016. Vested shares will be paid to the reporting person six months following retirement or 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.