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 or Section 30(h) of the Investment Company Act of 1940

Print or Type Responses) 1. Name and Address of Reporting Person * COKER CHARLES W			2. Issuer Name and Ticker or Trading Symbol BANK OF AMERICA CORP /DE/ [BAC]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner					
(Last) (First) (Middle) SONOCO PRODUCTS COMPANY, NORTH SECOND STREET			` ′	3. Date of Earliest Transaction (Month/Day/Year) 09/08/2005					-	Officer (gi	ive title below)	Oti	er (specify belo	ow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	/ILLE 295														
(City	·)	(State)	(Zip)	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, i		Code (Instr.		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) E	5. Amount of Securities Beneficially Owned Followir Reported Transaction(s)		owing	Ownership Form:	7. Nature of Indirect Beneficial
				(Month/D	ay/Year)	Coo	le V	Amount (A) (C)		`	(Instr. 3 and 4)		or (I)	Indirect (I	Ownership (Instr. 4)
Common	Stock									3	31,552)	
	ommon Stock									2	218,500			I	By Wife
		eparate line for eac	h class of securities	beneficial	ly owned	d directl	Perso	ns who			e collection				474 (9-02)
		eparate line for eac	Table II - I	Derivative	Securiti	ies Acq	Perso contai form o	ns who ned in t lisplays	his for a curr or Ben	rm are noted rently value ficially	ot required alid OMB c	d to respo	nd unless t		474 (9-02)
	Report on a s	3. Transaction	Table II - I	Derivative e.g., puts, 4. Transac Code	Securiticalls, was stated of the security of t	ies Acq arrants, Number rivative purities quired or posed D) str. 3, 4,	Perso contai	ns who ned in t lisplays oosed of, onvertib exercisab ration Da	or Ben	rm are nently vaneficially rities)	oot required alid OMB coon of Owned on Amount lying	d to respondent on trol number of 8. Price of	nd unless t	f 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
Reminder: 1 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - I	Derivative e.g., puts, 4. Transac Code	Securiticalls, was some some securities of the security of the	ies Acq arrants, Number rivative curities quired or posed D) str. 3, 4,	Perso contai form of the contained, Dispoptions, contained, Dispoptions, contained and Expi (Month/II) Date Exercisa	ns who ned in t lisplays cosed of, convertib exercisab ration Da Day/Year	or Ben de securite (1)	rm are n rently va reficially rities) 7. Title ar of Underl Securities	oot required alid OMB coon of Owned on Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
COKER CHARLES W SONOCO PRODUCTS COMPANY NORTH SECOND STREET HARTSVILLE 29550	X				

Signatures

Charles W. Coker/Roger C. McClary POA	09/09/2005
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) Phantom stock units may be settled in cash upon death or termination of service as a director.

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.