FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

MORGAN JAMES H		Date of Event equiring Statem Month/Day/Year 2/27/2008	nent	3. Issuer Name and Ticker or Trading Symbol COCA COLA BOTTLING CO CONSOLIDATED /DE/ [COKE]						
(Last) 2040 PROVID	(First) DENCE ROAD	(Middle)	-		Relationship of Reporting Pers (Check all applicable) X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) CHARLOTTE	E NC	28211				Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
		ate	3. Title and Amount of Securities Underlying Derivative Security (I			4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Expiration Date	n Title	•	Amount or Deriva Securi Number of Shares		e Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ James H. Morgan</u> <u>02/27/2008</u>

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.