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PNC FINANCIAL SERVICES GROUP INC

Form 4

November 20, 2006

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average 0.5

burden hours per response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** PATTERSON SAMUEL R			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			PNC FINANCIAL SERVICES GROUP INC [PNC]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% Owner Other (specify			
ONE PNC PLAZA, 249 FIFTH AVENUE			11/16/2006	below) below) Controller			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
PITTSBURGH, PA 15222-2707			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zin)					

(City)	(State) (Zip) Table	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D (Instr. 3, 4 and 5) (A) or Amount (D) Price		ed of (D)	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 Indirect Beneficial Ownership (Instr. 4)
\$5 Par Common Stock	10/24/2006		J <u>(1)</u> V	309	A	<u>(2)</u>	5,076	I	401(k) Plan
\$5 Par Common Stock	11/16/2006		<u>I(3)</u>	3,562	D	\$ 69.51	1,514	I	401(k) Plan
\$5 Par Common Stock							4,304	D	

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	2.	3. Transaction Date		4. 5. Number 6. Date Exercisable and		7. Title and Amount of				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(4)</u>	11/16/2006		<u>I(5)</u>	794	<u>(6)</u>	<u>(6)</u>	\$5 Par Common Stock	794	\$ 69.5

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PATTERSON SAMUEL R ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707

Controller

Signatures

Lori A. Hasselman, Attorney-in-Fact for Samuel R. Patterson

11/20/2006

**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) Shares acquired under the PNC Incentive Savings Plan, including shares acquired through reinvestment of dividends.
- (2) Shares acquired under the PNC Incentive Savings Plan at various prices ranging from \$63.67 to \$72.77.
- (3) Shares liquidated in the PNC 401(k)Incentive Savings Plan pursuant to a reallocation request.
- (4) 1 for 1.

Reporting Owners 2

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- (5) Phantom stock units liquidated in the PNC Supplemental Incentive Savings Plan pursuant to a reallocation request.
- (6) Phantom Stock Units will be settled in cash upon distribution from the reporting person's plan account and generally do not expire.

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.