Edgar Filing: PNC FINANCIAL SERVICES GROUP INC - Form 4

PNC FINANC Form 4 June 30, 2008	IAL SERVICI	ES GROU	P INC								
FORM		OMB APPROVAL									
	N OMB	3235-0287									
Check this b			Number:	January 31,							
if no longer subject to Section 16. Form 4 or	STATE	MENT O	Estimated burden hou	Expires: 2005 Estimated average burden hours per response 0.5							
Form 5 obligations may continue. See Instruction 1(b). 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 Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> PATTERSON SAMUEL R			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		FINANCI. JP INC [F		/ICES	(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/26/2008				Director 10% Owner X_ Officer (give title Other (specify below) below) Controller				
ONE PNC PL AVENUE											
				nendment, I onth/Day/Ye	-	al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PITTSBURGH, PA 15222-2707 — Form filed by More than One Reporting Person									eporting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	Transaction Date2A. Deemonth/Day/Year)Executionany(Month/D		Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A)or(D) Price	Reported Transaction(s) (Instr. 3 and 4)				
Reminder: Report	t on a separate line	e for each cl	ass of sec	curities bene	eficially ow	ned directly	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.											
	Tab					sposed of, or convertible	Beneficially Owned securities)	1			

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5.6. Date Exercisable and
Expiration Date7. Title and Amount of
Derivative8. Price of
Derivative1. Title of
DerivativeConversion(Month/Day/Year)Execution Date, if
Execution Date, ifTransactionNumberExpiration Date7. Title and Amount of
Derivative8. Price of
Derivative

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Secu Acqu (A) o	oosed D) r. 3,	3	/Year)	(Instr. 3 and	4)	Security (Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(1)</u>	01/24/2008		J <u>(2)</u>	v	5		(3)	(3)	\$5 Par Common Stock	5	\$ 58.60
Phantom Stock Unit	(1)	04/24/2008		J <u>(2)</u>	v	5		(3)	(3)	\$5 Par Common Stock	5	\$ 65.95
Phantom Stock Unit	<u>(1)</u>	06/26/2008		J <u>(4)</u>		8		(3)	(3)	\$5 Par Common Stock	8	\$ 57.78

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- Patterson	Fact for S	amuel R.		06/30/2008					

<u>**Signature of Reporting Person</u>

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) One phantom stock unit is the economic equivalent of one share of PNC Common Stock.
- (2) Phantom Stock Units received as dividend equivalents under the PNC Supplemental Incentive Savings Plan.
- (3) Phantom Stock Units will be settled in cash upon distribution from the reporting person's plan account and generally do not expire.
- (4) Phantom Stock Units acquired under the PNC Supplemental Incentive Savings Plan.

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.