### FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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 Ty	pe Responses	s)													
1. Name and Address of Reporting Person* ROHR JAMES E				2. Issuer Name and Ticker or Trading Symbol PNC FINANCIAL SERVICES GROUP INC [PNC]						' INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner _X_ Officer (give title below) Other (specify below)				
ONE PN	*	(First) , 249 FIFTH AV	T T T T T T T T T T T T T T T T T T T	3. Date of 03/24/2			Γrans	action (Montl	n/Day/Year	)			Chairman and	CEO	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
PITTSB0		(State)	(Zip)				Tab	le I - Non-De	rivative Se	curities Acai	uired. Dis	sposed of, o	r Beneficially C	Owned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. De Execut any (Month	ion I	Date, if	3. T Coc (Ins	Fransaction de str. 8)	4. Securitie (A) or Disp (Instr. 3, 4	es Acquired bosed of (D)	5. Amou	nt of Securi Following R ion(s)	ties Beneficially		Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each		Derivat	tive S	Securit	ties A	Perso in this displa	ons who re s form are ays a curr posed of, o	not require ently valid ( r Beneficially	ed to res OMB cor	pond unle	ormation con ss the form er.	tained S	EC 1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	(e.g., pu	ıts, c	alls, w	arra	nts, options, 6. Date Exe		7. Title and	Amount	8 Price of	9. Number of	10.	11. Nature of
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date	SA. Deemed Execution Date, if any (Month/Day/Year)	f Transaction Code				and Expiration Date (Month/Day/Year)		of Underlyi Securities (Instr. 3 and	ng 14)	Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	<sup>1</sup> Title	Amount or Number of Shares				
Phantom Stock Unit	(1)	01/24/2005		J <sup>(2)</sup>	V	221		(3)	(3)	\$5 Par Common Stock	221	\$ 53.75	23,933	I	Deferred Compensatio Plan
Phantom	(1)	01/24/2005		J(4)	v	446		(3)	(3)	\$5 Par Common Stock	446	\$ 53.75	48,421	I	Supplementa Incentive Savings Plan
Stock Unit															

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ROHR JAMES E ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707	X		Chairman and CEO		

#### **Signatures**

Mark C. Joseph, Attorney in Factfor James E. Rohr	03/28/2005

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) 1 for 1
- (2) Phantom Stock Units received as dividend equivalents under the PNC Deferred Compensation 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 received as dividend equivalents under the PNC Supplemental Incentive Savings Plan.
- (5) 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.