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

OMB APPRO\	/AL
OMB Number:	3235-0287
Estimated average but	rden
hours per response	0.5

Supplemental

Savings Plan

Supplemental

Savings Plan

Incentive

Incentive

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person *

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading Symbol

PATTERSON SAMUEL R				PNC FINANCIAL SERVICES GROUP INC [PNC]							(Check all applicable) Director				
ONE PNC PLAZA, 249 FIFTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 08/25/2005									Controller		
(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				
PITTSBU	JRGH, PA	15222-2707										inca by More in	an One Reporting Pe	.13011	
(City	y)	(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, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership	
							Code V		A) or (D) Price	(mou. 5 and 7)			(Instr. 4)		
Reminder:	Report on a s	eparate line for each	Table II -	Derivat	ive S	Securi	ties A	Perso in this displa	ns who re form are lys a curre	not require ently valid C	d to resp OMB con	pond unle	ormation cont ss the form er.	tained SE	C 1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	Date (Month/Day/Year)		Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Underlyin Securities (Instr. 3 and	ng	g Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Phantom Stock Unit	(1)	01/24/2005		J ⁽²⁾	V	7		(3)	(3)	\$5 Par Common Stock	7	\$ 53.75	767	I	Supplement Incentive Savings Pla
Phantom Stock Unit	(1)	04/24/2005		J ⁽²⁾	V	8		(3)	<u>(3)</u>	\$5 Par Common Stock	8	\$ 51.8	803	I	Supplement Incentive Savings Pla

<u>(3)</u>

<u>(3)</u>

\$5 Par

Common

Stock

\$5 Par

Common

Stock

7

2

\$ 55.53

\$ 55.74

810

812

Ι

<u>(3)</u>

<u>(3)</u>

Reporting Owners

<u>(1)</u>

<u>(1)</u>

07/24/2005

08/25/2005

Phantom

Phantom

Stock

Unit

Stock

Unit

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PATTERSON SAMUEL R ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707			Controller				

<u>J(2)</u>

<u>J(4)</u>

2

Signatures

Mark C. Joseph, Attorney in Fact for Samuel R. Patterson	08/29/2005
**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 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.