FORM 4

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

| OMB APPR | OVAL |
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| OMB Number: | 3235-0287 |
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| houre par raenonea | 0.5 |

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

| Instruc | cuon 1(b). | | | | 1111 | CSL | inicin | COL | iipaiiy 710t | 01 1740 | | | | | | |
|--|--------------|---|--|--------|---|-------------|---|--|--|--|---|---|--|--|--|--|
| (Print or Ty | pe Responses | s) | | | | | | | | | | | | | | |
| Name and Address of Reporting Person * HANNON MICHAEL J | | | | | 2. Issuer Name and Ticker or Trading Symbol PNC FINANCIAL SERVICES GROUP INC [PNC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) | | | | |
| ONE PNC PLAZA, 249 FIFTH AVENUE (Street) | | | | _ ' | 3. Date of 10/20/2 | | | Γransa | action (Montl | n/Day/Year |) | | Ch | nief Credit Policy | y Officer | |
| | | | | | 4. If Ame | ndn | nent, I | Date O | Priginal Filed | (Month/Day/Yo | 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 | | | | |
| PTTTSBU (City | | (State) | (| Zip) | | | | | I N D | | • | | | | | |
| | | (*******) | | | I | | | | | 1 | | | • | Beneficially O | | 1 |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | 2A. Deemed Execution Date, any (Month/Day/Yea | | Date, if | Cod (Ins | Fransaction le str. 8) | (A) or Disp (Instr. 3, 4 | 4. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5) | | nt of Securit following Resion(s) and 4) | ties Beneficially eported | 6. Ownersh Form: Direct (D or Indirect | Beneficial Ownership | | |
| | | | | 0 | Code V | Amount | (A) or (D) Price | | | | (I) (Instr. 4) | | | | | |
| Derivative Conversion I | | 3. Transaction Date (Month/Day/Ye | Exectany | Deemed | - Derivative Securit (e.g., puts, calls, water the content of the | | ber vative rities priced or | in this displaction displaction displaction displaction displaction displacement di | s form are ays a curre posed of, o convertible creisable ion Date | not require ently valid (r Beneficially | ed to respond on the control of the | trol numb | | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (Instr 4, an | r. 3, d 5) | Date Exercisable | Expiration Date | ¹ Title | Amount or Number of Shares | | | | |
| Phantom Stock Unit | (1) | 10/20/2005 | 5 | | J(2) | | 12 | . , | (3) | <u>(3)</u> | \$5 Par Common Stock | 12 | \$ 57.64 | 1,641 | I | Supplementa Incentive Savings Plan |
| Repor | ting O | wners | | | | | | | | | | | | | | |
| D | 0 2 | (4.11 | | | Relat | tions | ships | | | | | | | | | |
| Reporting Owner Name / Address Director Owner | | | Officer | | | | | Other | | | | | | | | |

Chief Credit Policy Officer

Signatures

HANNON MICHAEL J ONE PNC PLAZA

249 FIFTH AVENUE

PITTSBURGH, PA 15222-2707

| Mark C. Joseph, Attorney in Fact for Michael J. Hannon | 10/24/2005 |
|--|------------|
| **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 acquired 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.

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.