## FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * CLAY ROBERT N				PN	2. Issuer Name and Ticker or Trading Symbol PNC FINANCIAL SERVICES GROUP INC [PNC]							_X_ Direc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)						
(Last) (First) (Middle) CLAY HOLDING COMPANY THREE CHIMNEYS FARM, P.O. BOX 114					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2007														
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
MIDWAY, KY 40347 (City) (State) (Zip)													uired, Disposed of, or Beneficially Owned						
		(State)	1				1	- No	n-D				1 1		Benefici				
(Instr. 3) Date (Month/Day/Year) an		Execut any	xecution Date, if		Code		4. Securi (A) or Di (Instr. 3,	isposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (	hip Indire Benef D) Owne	Beneficial Ownership				
						e	V	Amount	(A) or (D)	Price				or Indir (I) (Instr. 4	Ì	(Instr. 4)			
\$5 Par Co	ommon St	ock	01/02/	2007			A <u>(1</u>	)		68	A	\$ 74.04	466			D			
\$5 Par Common Stock												3,653	3,653		I	Inve	By CNB Investments, LLC (2)		
\$5 Par Common Stock												3,652			I	Inve	By RNC Investments, LLC (3)		
Reminder:	Report on a	separate line	for each	class of sec	urities	beneficially	owned	direc	Pe	ersons w	ho re	s form	to the collec are not requ rrently valid	uired to res	pond	unless	SEC 14	174 (9-02)	
				Table II	- Deriv	ative Secur	ities A	cquir	ed,	Disposed	of, or	Benefic	cially Owned						
1. Title of Derivative Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Yea Price of Derivative Security		y/Year)		d Date, if	4. Transaction Code Year) (Instr. 8)		5.		ions, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year)		le 7 ite A	T. Title and Amount of Underlying Securities Instr. 3 and	Derivative Security (Instr. 5)	Deriva Securit Benefic Owned Follow Report	tive ties cially l ving ed ction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
						Code V	(A)	(D)	E	ate xercisable		ration T	Amount or Number of Shares						

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CLAY ROBERT N CLAY HOLDING COMPANY THREE CHIMNEYS FARM P.O. BOX 114 MIDWAY, KY 40347	X						

### **Signatures**

Lori A. Hasselman, Attorney-in-Fact for Robert N. Clay	01/04/2007		
-*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) Annual grant pursuant to PNC Directors Share Incentive Plan.
- The reporting person first assumed investment control of the securities held by this LLC upon his father's death on 8/21/2002. The reporting person disclaims ownership of (2) these securities and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 of for any other numoses.
- (3) The reporting person first assumed investment control of the securities held by this LLC upon his father's death on 8/21/2002.

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.