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

| | pe Responses | | | | | | | | | | | | | | |
|---|---|--|--|--|--|---|--|---|--|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person* WALLS GEORGE H JR | | | 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) _X_DirectorOfficer (give title below)Other (specify below) | | | | | | | |
| ONE PN | 1 | (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 04/02/2 | | | Γrans | action (Month | n/Day/Year) | | | | | | |
| (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 | | | | |
| PITTSBU | | (State) | (Zip) | | | | | | | | | | | | |
| | | | | 24 Do | omod | 1 | | | 4. Securitie | • | <u> </u> | | r Beneficially C | | 7. Nature |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, in any (Month/Day/Year | | Date, if | Code (A) or Dis (Instr. 8) (Instr. 3, 4 | | (A) or Disp (Instr. 3, 4 a | osed of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Ownersh Form: Direct (I | of Indirect Beneficial | | | |
| | | | | | | | | Code V | Amount (| A) or (D) Price | , | | | or Indirection (I) (Instr. 4) | |
| Reminder: | Report on a s | separate line for each | class of securities b | peneficia | lly ov | wned o | lirect | Perso in this | ns who re form are | | d to res | pond unle | ormation con ss the form er. | tained SI | EC 1474 (9-02) |
| | | | Table II - | | | | | cquired, Dis | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code | ets, ca | alls, w | ber vative rities ired rosed | coured, Disnes, options, of the Exercised Expirati (Month/Day | convertible rcisable on Date | | Amount | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transac Code | ets, ca | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr | ber vative rities ired rosed | nts, options, of 6. Date Exer and Expirati (Month/Day | convertible rcisable on Date | 7. Title and of Underlyin Securities (Instr. 3 and | Amount | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Indirect Beneficial Ownership |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date | 3A. Deemed Execution Date, if any | (e.g., pu 4, Transac Code (Instr. 8 | etts, ca | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and | ber vative rities ired rosed) . 3, d 5) | nts, options, of 6. Date Exer and Expirati (Month/Day | convertible rcisable on Date //Year) | 7. Title and of Underlyin Securities (Instr. 3 and | Amount or Number of | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Indirect Beneficial Ownership |
| Derivative Security (Instr. 3) Phantom Stock | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | (e.g., pu 4. Transac Code (Instr. 8 | v V | 5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and | ber vative rities ired rosed) . 3, d 5) | hts, options, of the Exercisable Date Exercisable Date Exercisable | econvertible reisable on Date //Year) Expiration Date | 7. Title and of Underlyin Securities (Instr. 3 and | Amount or Number of Shares | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership (Instr. 4) Deferred Stock Unit |

Reporting Owners

| | | Relationsl | nips | |
|---|----------|--------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| WALLS GEORGE H JR ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707 | X | | | |

Signatures

| Lori A. Hasselman, Attorney-in-Fact for George H. Walls, Jr. | Lori A. | Hasselman, | Attorney-in-Fact | for George H. | Walls, Jr. |
|--|---------|------------|------------------|---------------|------------|
|--|---------|------------|------------------|---------------|------------|

| **Signature of Reporting Person | Date |
|---------------------------------|------|
| — Signature of Reporting Letson | |
| | |
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Explanation of Responses:

- \star 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 Outside Directors Deferred Stock Unit 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 Deferred Compensation Plan.
- (5) Phantom Stock Units received under the PNC Directors Deferred Compensation 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.