FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Response | | | _ | | | | | | | | | | | |
|--|---|------------|--|---|--|--|-------------|---|--------------------------------|----------------------|--|-----------------|--|---|----------------------------|
| 1. Name and Address of Reporting Person* GUYAUX JOSEPH C | | | | PNC I | 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 10% Owner Other (give title below) Other (specify below) | | | | |
| ONE PNC PLAZA, 249 FIFTH AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2008 | | | | | | | | President | | | |
| (Street) | | | | 4. If Ar | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | ar) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | 15222-27 | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | | Т | able I - N | Non-De | erivative S | Securiti | ies Acqui | quired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | any | ution Date, if | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership of Form: | Beneficial |
| | | | | (Month/Day/Year) | | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| \$5 Par Co | ommon St | ock | 02/14/2008 | | | A ⁽¹⁾ | | 8,091 | A | \$ 0 | 99,948 | 48 | | D | |
| \$5 Par Common Stock | | 01/24/2008 | | | | V | 5 | A | \$ 58.605 | 497 | | | I | 401(k) Plan | |
| | | | Table II - | | | | con the | ntained in form dis | n this f splays of, or B | form are a currer | not requ ntly valid | | pond unle | ss | 1474 (9-02 |
| 1 Tid C | I _a | 12 T .: | 24 5 | | ts, calls, w | | | | | | o1 1 | 0 D: C | 0.31 1 | | |
| 1. Title of | 2. Conversion | | on 3A. Deemed Execution D | | ransaction | 5. | | Date Exerc | cisanie | | | | | of 10 | 11 27-4 |
| Security | or Exercise Price of Derivative Security | (Month/Day | | Co | ode | Number of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | ive es ed d | l Expiratio | on Date | Amo Undo Secu | itle and ount of erlying irities r. 3 and | | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Benefi Owner (Instr. |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|-----------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| GUYAUX JOSEPH C ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707 | | | President | | | |

Signatures

| Lori A. Hasselman, Attorney-in-Fact for Joseph C. Guyaux | 02/19/2008 | |
|--|------------|--|
| **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) Restricted stock granted in lieu of cash, pursuant to an award made under the PNC 1996 Executive Incentive Award Plan.
- (2) Dividend reinvestment shares acquired.

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.