FORM 4

(Print or Type Pasnonses)

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

OMB APPROVAL
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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

| Name and Address of Reporting Person* GUYAUX JOSEPH C | | | | | 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 —— Officer (give title below) —— Other (specify below) —— President | | | | | |
|--|---------------|--|----------------------|---|--|------------------|-----------|---|-------------------|---|--|---|--------------------------------------|---|--|-------------------------------------|
| ONE PNC PLAZA, 249 FIFTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2011 | | | | | | | | Fresident | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | |
| | | 15222-27 | | | | | | | | | | | | | | |
| (City | " | (State) | (Zij | ip) | | Ta | ble I - I | Non-D | erivative | Securit | ies Acq | uired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | if | (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership | 7. Nature of Indirect Beneficial | |
| | | | | | ar) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| \$5 Par Common Stock | | 02/14/20 | 011 | | | F ⁽¹⁾ | | 3,285 | D | \$ 64.49 | 121 94 | 131,846 | | D | | |
| \$5 Par Common Stock | | | | | | | | | | | 532 | | I | 401(k) Plan | | |
| Reminder: | Report on a s | separate line | for each clas | ss of securit | ties beneficially | y ow | ned dir | ectly o | or indirect | ly. | | | | | | |
| | | | | | | | | СО | ntained i | n this i | form a | o the colle re not requ ently valid | uired to res | spond unle | ess | 2 1474 (9-02) |
| | | | Т | | Derivative Secu 2.g., puts, calls, | | | | | | | | | | | |
| 1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security | | 3. Transacti Date (Month/Day | (Year) Execution Day | ecution Date | See Ace (A Dis of (In | | Number | an (N | d Expirati | Date Exercisable I Expiration Date onth/Day/Year) | | Title and mount of aderlying curities astr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivativ Security: Direct (I or Indire | Ownersh (y: (Instr. 4) (nect) |
| | | | | | Code | V | (A) (I | Ex | ate cercisable | Expirat Date | tion Ti | Amount or Number of Shares | | | | |

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

02/16/2011

| **Signature of Reporting Person | Date |
|---------------------------------|------|
| -Signature of Reporting Person | |
| | |
| | |

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) Shares have been withheld to satisfy tax liability resulting from the vesting of restricted stock.

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.