FORM 4

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

(Print or Ty	pe Response	s)																			
Name and Address of Reporting Person * Lyons Michael P.				PNO	2. Issuer Name and Ticker or Trading Symbol PNC FINANCIAL SERVICES GROUP, INC. [PNC]								Z	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) — Director X Officer (give title below) Executive Vice President							
THE TOWER AT PNC PLAZA, 300 FIFTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019										Exect	utive vice P	reside	ent			
					4. If Amendment, Date Original Filed(Month/Day/Year) 02/13/2019									6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			if	Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5))) 1	Beneficia Reported	unt of Securities cially Owned Following and Transaction(s)			nership of Be	7. Nature of Indirect Beneficial			
				(Mont	(Month/Day/Year)		Co	de	V Amount (A) or			(Instr. 3 and 4)					wnership nstr. 4)				
\$5 Par Common Stock		02/11/2019				F			1,669	D	\$ 121.	.57	128,588		D						
\$5 Par Common Stock		02/12/2019				Α	L		26,096	A	\$ 0		154,684			D					
\$5 Par Common Stock		02/12/2019				F	,		11,459	D	\$ 123.	.15	143,22:	5 (1)		D					
Reminder:	Report on a s	separate line	for each class of secu Table II -						Person the	sons wh tained in form dis	no resp n this f splays	form a	are n	not requ ly valid	OMB conf	formation spond unle trol numbe		SEC 14	74 (9-02)		
	I _	I			outs, calls			ts, op							l	I			1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise of (Month/Day/Year) any (Month/Day/		ate, if	e, if Transaction Code (ear) (Instr. 8)		Number		and (Mo	i. Date Exercisable nd Expiration Date Month/Day/Year)		A U S	1)	nt of lying ities 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y I S In(s) (0. Dwnership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
					Code	V	(A)	(D)	Dat Exe	-	Expirat Date	tion T	Γitle	Amount or Number of Shares							

Reporting Owners

	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Lyons Michael P. THE TOWER AT PNC PLAZA 300 FIFTH AVENUE PITTSBURGH, PA 15222-2707			Executive Vice President							

Signatures

Alicia G. Powell, Attorney-in-Fact for Michael P. Lyons	02/15/2019	9					
**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).
- The previously filed Form 4 is being amended to correct an inadvertent error in (i) the number of shares withheld for taxes upon vesting of the performance based restricted (1) share units, (ii) the number of shares that vested pursuant to the award of incentive performance units, (iii) the number of shares withheld for taxes upon vesting of the incentive performance units and (iv) the amount of securities beneficially owned following the reported transactions.

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.