FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------|-----------|--|--|--|--|--|
| 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 Responses |) | 1 | | | | | | | | | | | | | | |
|---|---|-----------------------|---------------------------------------|--|----------|---------|------------|------------------|---|--|--|--|------------|----------------------|---|-------------------------|--|
| 1. Name and Address of Reporting Person * ALVARADO JOSEPH | | | | 2. Issuer Name and Ticker or Trading Symbol PNC FINANCIAL SERVICES GROUP, INC. [PNC] | | | | | | NC | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
| 409 COM | * | (First) ALTH AVENU | T T T T T T T T T T T T T T T T T T T | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2019 | | | | | | | | | | | | | |
| BOSTON | N, MA 022 | (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 Person Form filed by More than One Reporting Person | | | | | | | |
| (City | <i>i</i>) | (State) | (Zip) | | | Tabl | e I - 1 | Non-Der | ivative | Securiti | es Acquir | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 1 | Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | Date, if | , if Co | (Instr. 8) | | (A) or Dispose (Instr. 3, 4 and | | 1 of (D) C 5) T (I | | | | Ownership Form: Direct (D) or Indirect | Beneficial Ownership | |
| | | | | | | | Code | v . | Amour | (A) or (D) | r Price | | | | (I) (Instr. 4) | | |
| | | | Table II - | | | | | form of | display | ys a cui of, or Be | rently va | ılid OMB c | ontrol nun | nd unless t nber. | .iic | | |
| | Derivative Conversion of Exercise (Month/Day/Year) Execution Date, if Transaction of Code Derivative (I | | 6. Date I and Expi | | | | 3 | | 9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivativ Security: Direct (I or Indire | Beneficia Ownershi (Instr. 4) | | | | | | |
| | | | | Code | V | (A) | (D) | Date Exercisa | | opiration ate | Title | Amount or Number of Shares | | | | | |
| Deferred Stock Unit | <u>(1)</u> | 04/23/2019 | | A | | 1,080 | | <u>(1)</u> | | (1) | \$5 Par Commo Stock | n 1,080 | \$ 0 | 1,080 | D | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | | |
| ALVARADO JOSEPH 409 COMMONWEALTH AVENUE, UNIT L BOSTON, MA 02215 | X | | | | | | | |

Signatures

| Alicia G. Powell, Attorney-in-Fact for Joseph Alvarado | 04/25/2019 | | |
|--|------------|--|--|
| 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).

Deferred stock unit ("DSU") granted pursuant to the PNC Directors Deferred Stock Unit Program (the "Program") under PNC's 2016 Incentive Award Plan. Each DSU represents the 1 right to receive at retirement one share of The PNC Financial Services Group, Inc. ("PNC") common stock, or in limited circumstances cash equal to the fair market value of one share of PNC common stock on the payment determination date, pursuant to the terms of the Program.

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.