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PATTERSC Form 4	ON SAMUEL R											
August 21, 1	2009											
FORM	Л 4				.					OMB AF	PROVAL	
	UNITED	STATES				ND EX D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer										Expires:	January 31, 2005	
subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 1				SEC	UR	RITIES				Estimated a burden hour response	average urs per	
obligatio may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the	Public U	tility H	Holo	ding Cor	npan	•	1935 or Section	ı		
(Print or Type	Responses)											
PATTERSON SAMUEL R Symbo				ssuer Name and Ticker or Trading pol C FINANCIAL SERVICES					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			GROU	P INC	[PN	NC]						
(Last)	(First)	(Middle)				ansaction			Director X Officer (give		Owner r (specify	
ONE PNC AVENUE	PLAZA, 249 FIF	TH	(Month/I 08/20/2	-	ur)				below)	below) Controller		
PITTSBU	(Street) RGH, PA 15222-2	2707	4. If Ame Filed(Mo			nte Origina)	1		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	rson	
									Person			
(City)	(State)	(Zip)	Tab	le I - No	on-D	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		n Date, if	Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
\$5 Par Common Stock	04/24/2009			J <u>(1)</u>	V	7	А	\$ 39.495	2,122	Ι	401(k) Plan	
\$5 Par Common Stock	06/30/2009			J <u>(2)</u>	v	622	A	<u>(3)</u>	2,744	I	401(k) Plan	
\$5 Par Common Stock	07/24/2009			J <u>(1)</u>	v	7	A	\$ 36.6	2,751	I	401(k) Plan	
\$5 Par									5,658	D		

Reporting Owners

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Common Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(4)</u>	08/20/2009	J <u>(5)</u>	14	(6)	(6)	\$5 Par Common Stock	14	\$ 41.71

Reporting Owners

Reporting Owner Name / Address	Relationships							
I. S.	Director	10% Owner	Officer	Other				
PATTERSON SAMUEL R ONE PNC PLAZA 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707			Controlle	r				
Signatures								
Lori A. Hasselman, Attorney-in- Patterson	Fact for S	amuel R.		08/21/2009				
** Signature of Reportir	ng 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).

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- (1) Dividend reinvestment shares acquired under the PNC Incentive Savings Plan.
- (2) Shares acquired under the PNC Incentive Savings Plan.
- (3) Shares acquired under the PNC Incentive Savings Plan at various prices.
- (4) One phantom stock unit is the economic equivalent of one share of PNC Common Stock.
- (5) Phantom Stock Units acquired under the PNC Supplemental Incentive Savings Plan.
- (6) Phantom Stock Units will be settled in cash upon distribution from the reporting person's plan account and generally do not expire.

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.