

Edgar Filing: PEPPER JANE G - Form 4

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Form 4  
January 03, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549  
FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

( ) Check this box if no longer subject to Section 16.  
Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person  
Jane G. Pepper  
Pennsylvania Horticultural Society  
100 N. 20th Street - 5th Floor  
PA, Philadelphia 19103-1495
2. Issuer Name and Ticker or Trading Symbol  
The PNC Financial Services Group, Inc. (PNC)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year  
1/2/2003
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
(X) Director ( ) 10% Owner ( ) Officer (give title below) ( ) Other  
(specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)  
(X) Form filed by One Reporting Person  
( ) Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security | 2. Transaction Date | 3. Transaction Code | 4. Securities Acquired (A) or Disposed of (D) Amount | 5. Amount of Securities Beneficially Owned at End of Month |
|----------------------|---------------------|---------------------|--|--|
| \$5 Par Common Stock | 10/24/2002          | J1                  | V6   |  |
| \$5 Par Common Stock | 1/2/2003            | 2A2                 | 115  | 2468   |

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date | 4. Transaction Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount | 6. Date Exercisable and Expiration Date | 7. Title and Amount of Underlying Securities | 8. Put or Call |
|---------------------------------|--|---------------------|---------------------|---|---|--|----------------|
|---------------------------------|--|---------------------|---------------------|---|---|--|----------------|

