FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* PIRO JAMES J | | | | | | 2. Issuer Name and Ticker or Trading Symbol PORTLAND GENERAL ELECTRIC CO | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|-------|---|---------------------|--|---|---|---------|------------------------------------|----------|---|---|--------|--------------------|---|---------------------------------|---|--|---|--|
| , | | | <u>/O</u> | <u>/OR/</u> [POR] | | | | | | | | | X X | Office below | er (give title | 10% Owner Other (specify below) | | specify | | |
| (Last) (First) (Middle) 121 SW SALMON STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2010 | | | | | | | | | belov | , | President | | |
| (Street) PORTLAND OR 97204 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | Person | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | | Disposed | rities Acquired (A) e ed Of (D) (Instr. 3, 4 | | | and Secur Benef | | cially d Following | 6. Owners Form: Dire (D) or Indii (I) (Instr. 4) | ct ect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | : | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common | Stock | /2010 | 2010 | | | A | | 8,037(1 | 1) | Α | A \$0 | | 16,302 | | D | | | | | |
| Common Stock 03/04/ | | | | | | | | | F | | 2,848 | | D \$18 | | 3.83 13 | | 3,454 | D | | |
| 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 | | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deri | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | Amount or Number of Title Shares | | nber | | | | | | |

Explanation of Responses:

1. Reflects the vesting of performance-based restricted stock units and related dividend equivalent rights.

Remarks:

Karen J. Lewis Power of Attorney on behalf of Reporting Person

03/08/2010

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.