FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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* Pelton M Lee | | | | | | | 2. Issuer Name and Ticker or Trading Symbol PORTLAND GENERAL ELECTRIC CO OR/ [POR] | | | | | | | | heck all a X Dir | oplicable) ector | g Person(s) to Issuer 10% Owner | | |
|------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|-------------|---------|----------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|-------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------|--|
| (Last) (First) (Middle) 121 SW SALMON STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015 | | | | | | | | | icer (give title ow) | | her (specify low) | |
| (Street) PORTLAND OR 97204 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fo Fo | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | le I - Nor | n-Deriv | ative | Sec | curitie | es Ac | quired, | Dis | osed o | f, or | Bene | eficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst 5) | | | | quired) (Instr. | (A) or 3, 4 aı | nd Secu Bene Own | nount of irities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t of Indirect | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Tran | saction(s) r. 3 and 4) | | (msu. 4) | |
| Common Stock 05/01 | | | | | | /2015 | | | A | | 2,130 A | | \$(|) | 16,638 | | | | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) if any Code (In: Month/Day/Year) (Month/Day/Year) 8) | | Instr. | of Deriv Secu Acqu (A) o Disp | r osed) r. 3, 4 | Expiration (Month/D | ate Expiration pate | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | Owners Form: Direct (or Indir (I) (Insti | Beneficial Ownership ect (Instr. 4) | | | |

Explanation of Responses:

Remarks:

Karen J. Lewis

05/04/2015

** 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.