## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF ( | CHANGES | IN RENE | FICΙΔΙ | OWNERS | ΗΙΡ |
|-----------|------|---------|---------|--------|--------|-----|
| STATEMENT | OF ( | SHANGES |         | FICIAL | OWNERS | ПІГ |

OMB APPROVAL OMB Number: 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).

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*  QUENNOZ STEPHEN M             |  |            |                |        | PO  | 2. Issuer Name and Ticker or Trading Symbol PORTLAND GENERAL ELECTRIC CO /OR/ [ POR ] |     |                                 |   |                                      |                 |  |                                   | (Che   | ck all appli<br>Direct  | •  | g Pers | son(s) to Iss<br>10% Ov<br>Other (s                                      | vner                                  |
|---|--|------------|----------------|--------|---|---|-----|---------------------------------|---|--------------------------------------|-----------------|--|-----------------------------------|--|---|--|--------|--|---------------------------------------|
| (Last)  | (Fi  | ,          | (Middle)       |        | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2006 |   |     |                                 |   |                                      | X               | below)   |                                   | resid  | below)<br>ent   |  |        |  |                                       |
| (Street)  | AND O  | R !        | 97204          |        | 4. If   |   |     |                                 |   |                                      |                 | 6. Ind<br>Line)  | Form                              | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting |   |  |        |  |                                       |
| (City)  | (S   | tate) (    | (Zip)          |        |   |   |     |                                 |   |                                      |                 |  |                                   |  | Perso   | n  |        |  |                                       |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |            |                |        |   |   |     |                                 |   |                                      |                 |  |                                   |  |   |  |        |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                |  |            | Execution Date |        |   | Code (Instr. 5)   |     |                                 | str. 3, 4   | 4 and Securiti Benefic Owned Reporte |                 | ies Form<br>cially (D) (<br>Following (I) (I   |                                   | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |        |  |                                       |
|   |  |            |                |        |   |   |     |                                 | Code  | v                                    | Amount          | t (A) or (D)   |                                   | ce   | Transac<br>(Instr. 3  |  |        |  |                                       |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |                |        |   |   |     |                                 |   |                                      |                 |  |                                   |  |   |  |        |  |                                       |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) |  |            |                | ate, T | ransaction of<br>Code (Instr. Derivativ                     |   |     | ative<br>rities<br>ired<br>osed | Expiration Date (Month/Day/Year) Amoun Securit Underly Derivati |                                      |                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                   | 5  | s. Price of<br>Derivative<br>Security<br>Instr. 5)                | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | ,      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |            |                | c      | code  | v   | (A) | (D)                             | Date<br>Exercisable   | Ex<br>Da                             | piration<br>ite | Title  | Amou<br>or<br>Numb<br>of<br>Share | er   |   |  |        |  |                                       |
| Dividend<br>Equivalent<br>Right   | (1)  | 10/16/2006 |                |        | A   |   | 16  |                                 | (1)   |                                      | (1)             | Common<br>Stock  | 16                                |  | \$0   | 16   |        | D  |                                       |

## **Explanation of Responses:**

1. Dividend equivalent rights (DER) accrue on restricted stock units (RSU) and become exercisable proportionately with the vesting of the RSU. Each DER is equivalent to one share of common stock of the

## Remarks:

Steven F. McCarrel Power of Attorney on behalf of **Reporting Person** 

\*\* Signature of Reporting Person Date

10/16/2006

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.