FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| l | 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* Friedrich Amy Christine | | | | | PF | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC [PFG] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|------------|------------------|--|--|---|--|---|-------------------|---|--------------------|---|--|---|---|---|---|---|------------|--|
| (Last) 711 HIG |) (First) (Middle) HIGH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2018 | | | | | | | | | X Officer (give title Other (specify below) President - USIS | | | | |
| (Street) DES MOINES IA 50392 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | Persor | 1 | | | | |
| | | Tab | le I - Noi | n-Deriv | vativ | e Se | curities | s Ac | quired, | Dis | osed o | f, or | Bene | ficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 3) | | | | | 5. Amou Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transact (Instr. 3 a | ion(s) | | | (instr. 4) | |
| Common Stock | | | 02/2 | 6/201 | /2018 | | | A | A | | 1,254 A | | \$0 ⁽¹⁾ | 23,8 | 893(2) | | D | | | |
| Common Stock | | | | | | | | | | | | 1,9 | 1,961 | | I | By 401(k) Plan | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | Transa Code (| nsaction of | | Expiratio | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership t (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | expiration Date | Title | OI N Of | umber | | | | | | |
| Employee Stock Option (Right to | \$63.98 | 02/26/2018 | | | A | | 35,680 | | (3) | 0 | 2/26/2018 | Comm | | 5,680 | \$0 | 35,68 | 0 | D | | |

Explanation of Responses:

- $1. \ Settlement \ of \ performance-based \ restricted \ stock \ units \ granted \ February \ 23, \ 2015.$
- $2.\ Includes\ 4,515\ shares\ acquired\ pursuant\ to\ the\ Principal\ Financial\ Group,\ Inc.\ Employee\ Stock\ Purchase\ Plan.$
- 3. The option vests in three equal annual installments beginning February 26, 2019.

Remarks:

Patrick A. Kirchner, by Power of Attorney

02/28/2018

** 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.