FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average h	nurden									

0.5

hours per response:

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*  OKEEFE MARY A					2. Issuer Name <b>and</b> Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
OKEEFE MARY A													PF		Direct			10% O\	· ·
						-								X	below	r (give title )		Other (s	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								Sr.	VP & Ch	ief N	1ktg. Off.		
711 HIGH STREET				04/	04/17/2009														
-						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)  X Form filed by One Reporting Person					
DES MC	OINES IA	1	50392											X					
,														Form filed by More than One Reporting Person					rting
(City)	(S	tate)	(Zip)												. 0.00				
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	es Ac	cauired.	Dis	posed	of. or B	enefic	cially	Owne	d			
1 Title of (	Convrity (Inc			2. Trans		_	2A. Deer		3.						5. Amou		6.0	vnership	7. Nature
Date						Execution Date,			e, Transaction Disposed Of (D) (Instr. 3,					4 and   Securiti		ies For		m: Direct or Indirect Instr. 4)	of Indirect
(Month/Da						ay/Year) if any (Month/Day/Year			Code (Instr. 5) ar) 8)							Following			Beneficial Ownership
								Code	v	A	Amount (A) or (D)		ice	- Reporte Transac				(Instr. 4)	
								Code	<u> </u>	Allioun			ice	(Instr. 3 and 4)					
		Т	able II - I	Derivat	tive S	Secu	ırities	Acq	uired, D	ispo	sed of	, or Ber	eficia	ally C	wned				
			(	(e.g., p	uts, c	calls	s, war	rants	s, option	s, c	onvert	ible sec	uritie	s)					
1. Title of	2.	3. Transaction	3A. Deeme	Date,	4.		5. Nu	mber	6. Date Exercisable a		ble and	7. Title and			Price of	9. Number		10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transaction Code (Instr.				Expiration Date (Month/Day/Year)			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of   (Month/Day/Ye					8)	Securities		Underlying					(Instr. 5)		Beneficially Owned Following			Ownership	
Security						Acquired Derivative Security (Instr. 3 and 4)								''y					(111501. 4)
		Disposed of (D)									Reported Transaction(s) (Instr. 4)								
						(Instr. 3, 4 and 5)													
													Amou	ınt					
													or Numb						
								_	Date		piration		of						
					Code	٧	(A)	(D)	Exercisab	e D	ate	Title	Share	s			_		
Phantom Stock	(1)	04/17/2009			Α		41		(2)		(2)	Common Stock	41		\$14.72	2,173.1		D	

## Explanation of Responses:

- 1. Security converts to common stock on a one-for-one basis.
- 2. The reported phantom stock units were acquired pursuant to the Principal Select Savings Excess Plan and may be transferred at any time into another investment alternative under the Plan. Interests under the Plan will be settled upon the reporting person's retirement or other termination of service.

## Remarks:

<u>Joyce N. Hoffman, by Power</u> <u>04/21/2009</u>

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.