FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
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| | OMB Number: | 3235-0287 |
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| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | 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* Valdes Luis E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (spe | | | | | wner | |
| (Last) (First) (Middle) 711 HIGH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017 | | | | | | | | | | | belov | v) `` | et Mg | below) Igmt&Accum | | |
| (Street) DES MOINES IA 50392 (City) (State) (Zip) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Indivi ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Non | ı-Deriv | /ative | Se | curitie | s Ac | quir | red, [| Disp | osed o | f, or | Ben | eficia | ally C | Dwne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | Execution f any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially I 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 | • | Transa | saction(s) r. 3 and 4) | | | (111511.4) | |
| Common Stock 03/31/ | | | | | | | | | | A | | 142 A | | A | \$0 | (1) | 92,217 | | | D | | |
| | | Та | ıble II - D (e | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | | |
| L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | | ransaction of Derivat Securii Acquiri (A) or Dispos of (D) (Instr. 3 and 5) | | | Exp | piration onth/Day | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pri Deriv Secui (Instr | ative rity | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | ١v | (A) | (D) | Exe | Exercisable | | Date | Title | Sha | hares | | | | | | | |

Explanation of Responses:

- Grant of restricted stock units.
- $2.\ Includes\ 7,874\ shares\ acquired\ pursuant\ to\ the\ Principal\ Financial\ Group,\ Inc.\ Employee\ Stock\ Purchase\ Plan.$

Remarks:

Patrick A. Kirchner, by Power of Attorney

04/04/2017

** 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.