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 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*  MCCAUGHAN JAMES P                                                                                   |     |            |             |                         |                                                             | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG ] |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                            |                     |                                                                          |                                       |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------|-------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|------|---------------------------------------------------------------|---------------------|--------|----------------------------------------------------------------------------------------------|-----------------|-----------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|--|
| MCCAUGHAN JAMES F                                                                                                                             |     |            |             |                         | PF                                                          |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | Office                                                                                                             | or<br>r (give title |                                                                          | 10% Ov<br>Other (                     | · I                                                 |  |
| (Last) (First) (Middle)                                                                                                                       |     |            |             |                         |                                                             |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | below                                                                                                              |                     |                                                                          | below)                                | эрсспу                                              |  |
| 711 HIGH STREET                                                                                                                               |     |            |             |                         | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2007 |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | Presid                                                                                                             | lent - Glo          | bal <i>A</i>                                                             | Asset Mgn                             | nt.                                                 |  |
| (Street)                                                                                                                                      |     |            |             |                         | 4. If                                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | 6. Individual or Joint/Group Filing (Check Applicable Line)                                                        |                     |                                                                          |                                       |                                                     |  |
| DES MOINES IA 50392                                                                                                                           |     |            |             |                         |                                                             |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   | X Form filed by One Reporting Person |                                                                                                                    |                     |                                                                          |                                       |                                                     |  |
| (City)                                                                                                                                        | (S  | tate)      | (Zip)       |                         |                                                             |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      | Form filed by More than One Reporting<br>Person                                                                    |                     |                                                                          |                                       |                                                     |  |
|                                                                                                                                               | `   | •          |             | Dariu                   |                                                             |                                                                                 | iti  |                                                               | Sautirod I          | )io:   |                                                                                              | of or Do        | nofi.                             | si alls                              | O                                                                                                                  |                     |                                                                          |                                       |                                                     |  |
|                                                                                                                                               |     |            | le I - Non- |                         |                                                             | _                                                                               |      |                                                               | <del>-</del>        | JISI   |                                                                                              |                 |                                   |                                      |                                                                                                                    |                     |                                                                          |                                       |                                                     |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                                                                                 |     |            |             |                         |                                                             | Execution I                                                                     |      |                                                               | Code (Inst          |        | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,                                        |                 |                                   | 4 and Securiti                       |                                                                                                                    | ies Forr            |                                                                          | n: Direct<br>or Indirect              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|                                                                                                                                               |     |            |             |                         |                                                             | •                                                                               |      | ` <del>                                     </del>            | v                   | Amount | t (A) or (D)                                                                                 |                 | ice                               | Reporte<br>Transac<br>(Instr. 3      | ed<br>ction(s)                                                                                                     |                     |                                                                          | (Instr. 4)                            |                                                     |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities) |     |            |             |                         |                                                             |                                                                                 |      |                                                               |                     |        |                                                                                              |                 |                                   |                                      |                                                                                                                    |                     |                                                                          |                                       |                                                     |  |
| 1. Title of Derivative Conversion Date Courity Or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any                                 |     |            |             | I.<br>Fransa<br>Code (I | ction                                                       | 5. Number                                                                       |      | 6. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |                     |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                 | 8<br>D<br>S<br>(I                 | Price of erivative ecurity nstr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у                   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |                                                     |  |
|                                                                                                                                               |     |            |             |                         | Code                                                        | v                                                                               | (A)  | (D)                                                           | Date<br>Exercisable |        | xpiration<br>ate                                                                             | Title           | Amou<br>or<br>Numl<br>of<br>Share | er                                   |                                                                                                                    |                     |                                                                          |                                       |                                                     |  |
| Phantom<br>Stock<br>Units                                                                                                                     | (1) | 08/10/2007 |             |                         | A                                                           |                                                                                 | 26.4 |                                                               | (2)                 |        | (2)                                                                                          | Common<br>Stock | 26.                               | 4                                    | \$55.67                                                                                                            | 15,262.3            | 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:

Michael H. Gersie, by Power

08/14/2007

of Attorney\*\* Signature of Reporting Person

Date

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.