FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burd | len | | | | | | | |
| 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] | | | | | | | | heck all app Direct | or r (give title | g Persor | n(s) to Iss 10% Ov Other (s | vner |
|---|--|--|--|--------------------------------|---|--|----------------------|--|---|--------------|---|--|---|--|---|---|---|
| (Last) (First) (Middle) 711 HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2004 | | | | | | | | pelow |) dent - Glol | bal Ass | below) et Mgm | it. |
| (Street) DES MC | (Street) DES MOINES IA 50392 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 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 | tate) | (Zip) | | | | | | | | | | Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | . Transact ate Month/Day | Execution Date, | | | Code (In | Transaction Code (Instr. 3, 5) Disposed Of (D) (Instr. 3, 6) | | | str. 3, 4 an | Benefic Owned Reporte | es ially Following ed | 6. Owne Form: D (D) or In (I) (Instr | pirect of direct of 1 | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | / F | Amount | t (A) or Prid | | Transa (Instr. 3 | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Co | nsactio de (Insti | n of r. Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e and | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ov Fo Dii or (I) | vnership rm: rect (D) Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | de V | (A) | (D) | Date Exercisable | Expi Date | iration e | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units | (1) | 09/10/2004 | | А | | 29.8 | | (2) | | (2) | Common Stock | 29.8 | \$35.45 | 5,973.6 | | 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:

Joyce N. Hoffman, by Power 09/14/2004 of Attorney

** 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.