FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG | | | | | | | | | | heck a | onship all appli Directo | cable) | g Per | son(s) to Is 10% O | | |
|---|--|--|--|-------|---|--|---|-----------------------------|-------------|--------------------------------------|----------|---------------------|---|--|--|---|--|--|--------------------|--|--|--|
| (Last) (First) (Middle) 711 HIGH STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2015 | | | | | | | | | | | (give title | Other (s below) | | specify | |
| (Street) DES MOINES IA 50392 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ne) | Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ear) | 2A. Deer Execution | A. Deemed xecution Date, | | 3. 4. Sec | | 4. Secui Dispose | urities Acquired (A) sed Of (D) (Instr. 3, | | | or 5. Amor 4 and Securit Benefic Owned | | unt of 6 ies F cially (I Following (I | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 06/26/ | | | | | | 2015 | | | | A | | 255 | 255 A | | \$0(| 1) | 39 | 39,107 | | D | | |
| | | Т | able II - I | | | | | | | | | sed of onverti | | | | y Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | Exp | Oate Exer biration C onth/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | Deriv | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | Ex Da | piration ate | Title | | Amount or Number of Shares | | | | | | | |
| Phantom Stock Units | (2) | 06/26/2015 | | | A | | 40.8 | | | (3) | | (3) | Com | | 40.8 | \$5 | 2.44 | 5,750.5 | , | D | | |

Explanation of Responses:

- Grant of restricted stock units.
- 2. The units convert to common stock on a one-for-one basis.
- 3. The reported phantom stock units were acquired pursuant to the Principal Deferred Compensation Plan for Non-Employee Directors and will be settled on the reporting person's retirement.

Remarks:

Patrick A. Kirchner, by Power of Attorney 06/30/2015

** 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.