SEC Form 4

 \Box

(Last)

(Street)

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

1. Name and Address of Reporting Person*

(First)

IA

(State)

(Middle)

50392

(Zip)

SHAFF KAREN E

711 HIGH STREET

DES MOINES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

PRINCIPAL FINANCIAL GROUP INC

4. If Amendment, Date of Original Filed (Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

3. Date of Earliest Transaction (Month/Day/Year)

PFG]

11/08/2006

		IVAL
	OMB Number:	3235-0287
	Estimated average burd	en
1	hours per response:	0.5

1934									
[ionship of F all applicab		ting Pers					
-		Director			10% Owner				
	x	Officer (gi below)	ve tit	е		Other (sbelow)	specify		
		- · · ·	_	10		<u> </u>			

Exec. VP and General Counsel

6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person

r enn med by ene reperting r ereen
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/24/2006		M ⁽¹⁾		11,000	A	\$27.57	28,014 ⁽²⁾	D	
Common Stock	10/24/2006		S ⁽¹⁾		11,000	D	\$ <mark>58</mark>	17,014 ⁽²⁾	D	
Common Stock								5,450	I	By 401(k) Plan
Common Stock								2,801	Ι	By Spouse

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1			(0.9.,	pa.co,	ounc	,		, optiono,	00111011	510 0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr.		Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares																				
Employee Stock Option (Right to Buy)	\$27.57	11/08/2006		M ⁽¹⁾			11,000	(3)	02/25/2013	Common Stock	11,000	\$0	10,485	D																	

Explanation of Responses:

1. Pursuant to a 10b5-1 plan adopted August 18, 2006.

2. Includes 2,792 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

3. The option vested in three equal annual installments beginning February 25, 2004.

Remarks:

Joyce N. Hoffman, by Power of 11/13/2006

<u>Attorney</u>

** 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.