FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| mouuc | don I(b). | | | riiet | | | | | Investm | | | | | | 334 | | | | | | |
|--|--|-----|----------------|---|---|---|---------|--|--|---------|---|---------|-------|--------------------------------|---|-----------------|---|--|---|---|---------------------------------------|
| Name and Address of Reporting Person* <u>Dunbar Timothy Mark</u> | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG] | | | | | | | | | | heck al | tionship of Reporting all applicable) Director Officer (give title | | | 10% Ov | wner (specify | | |
| (Last) 711 HIG | Last) (First) (Middle) 211 HIGH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2015 | | | | | | | | | EVP & Chief Investment Officer | | | | | | | |
| Street) DES MC | | | 50392 (Zip) | | 4. 11 | f Amei | ndment | t, Date | of Origin | al File | d (M | Ionth/D | ay/Ye | ear) | | ne) X | Form | filed by One | e Rep | g (Check Ap orting Perso n One Repo | n |
| | | Tab | le I - Nor | n-Deriva | ative | e Sec | curitie | es Ac | quirec | , Dis | spo | sed o | of, o | r Bei | neficia | ılly O | vne | d | | | |
| Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | re, Transaction Dispo Code (Instr. 5) | | Dispose | securities Acquired (A posed Of (D) (Instr. 3, | | | nd Se Be | 5. Amount of Securities Beneficially Owned Following Reported | | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | A | Amount | | (A) or (D) | Price | Troposo | | ction(s) | | | (Instr. 4) |
| | | Т | able II - I | Derivat e.g., pu | | | | | | | | | | | | y Owi | ned | | | | |
| Title of Derivative Security Instr. 3) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | Date, 1 | ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | ative rities ired osed | Expiration Date (Month/Day/Year) S U D | | | | | r. 3 and | Security | Deriva Secur | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

(1)

1. Security converts to common stock on a one-for-one basis.

08/14/2015

2. Acquired pursuant to the Principal Financial Group, Inc. Select Savings Excess Plan and may be transferred at any time into another investment alternative under that plan. Interests under the plan will be settled upon the reporting person's retirement or other termination of service.

Date Exercisable

(2)

Expiration Date

(2)

Title

Common

Stock

Remarks:

Phantom

Stock Units

Patrick A. Kirchner, by Power of Attorney 08/18/2015

** Signature of Reporting Person

Number

of Shares

5.7

\$57.98

5,354.8

Date

D

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).

Code

(A) (D)

5.7

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.