FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average bu | urden | | | | | | | | | |

0.5

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>LAWLER JULIA M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|--|------------|---|------|---|-------|--|--|--------|----------------|--|--|---|------------------------------------|----------------|--|--|
| | | | | | | PFG] | | | | | | | X Offi | cer (give title | | Other (s | specify |
| (Last) (First) (Middle) 711 HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2008 | | | | | | | | | Sr VP & Cl | h Inv | , | |
| (Street) DES MOINES IA 50392 | | | | 4 | 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 | | | | |
| | | | (Zip) | | | | | | | | | | 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. Transac Date (Month/Da | | | | | Execution Date | | | Code (Instr. 5) | | | | d Secu Bene | nount of rities ficially ed Following | es Formially (D) (Following (I) (I | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v . | Amount | int (A) or (D) | | Trans | saction(s) . 3 and 4) | | | (instr. 4) | |
| | 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Code (Instr. | | mber rative rities ired r osed) | 6. Date Exercisable Expiration Date (Month/Day/Year) | | le and | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar | f g Security | 8. Price Derivativ Security (Instr. 5) | e derivative | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | e V | (A) | (D) | Date Exercisable | | oiration e | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units | (1) | 05/16/2008 | | A | | 14.8 | | (2) | | (2) | Common Stock | 14.8 | \$55.78 | 5,560. | 3 | 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:

<u>Joyce N. Hoffman, by Power</u> of Attorney <u>05/20/2008</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.