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 burde	en							
l	hours per response:	0.5							

	Check this box if no longer subject to								
١	Section 16. Form 4 or Form 5								
ı	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 7										
Name and Address of Reporting Person*  MCCALICITAN LAMES D.							2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MCCAUGHAN JAMES P						PFG ]									Direct			10% O	·		
,		11.	110 ]										r (give title		Other (s	specify					
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									, dent - Glol	bal A	,	nt.		
711 HIGH STREET						07/02/2004															
-					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)																Line)					
DES MOINES IA 50392															X Form filed by One Reporting Person						
													Form filed by More than One Reporting Person				rting				
(City) (State) (Zip)														F 6130	<i>,</i> 11						
		Tah	le I - Nor	-Deriv	ative	S0	curitia		rauired	Die	nosed	of or B	anaf	iciall	v Owne	d					
			16 1 - 1401			_			<del>-</del>	, DI3	<u> </u>							1			
1. Title of S	Security (Ins	tr. 3)		2. Transa Date		Execution I			3. Trans	4. Securities Acquire Disposed Of (D) (Ins		iired ( <i>F</i> nstr. 3,	A) or , 4 and	Securit	Securities Fo		: Direct	7. Nature of Indirect			
(M					Day/Yea	ar) if any (Month/Day		Day/Ye		Code (Instr.   5)					Benefic Owned			O) or Indirect ) (Instr. 4)	Beneficial Ownership		
									Code	T	1.	(A) or			Reporte Transac	ed i			(Instr. 4)		
										V	Amoun	t (A) or (D)		Price	(Instr. 3						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
												ible sec									
1. Title of	2.	3. Transaction	3A. Deeme		4. Transaction Code (Instr		nsaction of			. Date Exercisable an		7. Title and			8. Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any						Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(	(Month/Day		8)		Securities Acquired		(	.,,,,,	-,	Underlyii	ng	- 1	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security							(A) or		(Instr. 3 and				""ty		Following		(I) (Instr. 4)			
								Disposed of (D)								Reported Transaction(s)					
							(Instr. 3, 4 and 5)									(Instr. 4)					
							+			$\neg$			Amo	ount							
													or Nun	nher							
					0	.,	,,,	<b>(D)</b>	Date		xpiration		of								
				- 1	Code	V	(A)	(D)	Exercisal	ie   E	ate	Title	Sha	res			_				
Phantom Stock Units	(1)	07/02/2004			Α		30		(2)		(2)	Common Stock	3	0	\$35.3	5,818.7		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> <u>07/06/2004</u>

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.