FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

this box if	no longei	subject

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden per response: 0.5

11. Nature of Indirect Beneficial Ownership (Instr. 4)

By Subsidiary

Check this box if no longer sull Section 16. Form 4 or Form 5.

U obligati	ons may contir tion 1(b).			Filed	l pursua	ant to Secti	on 16	S(a) of the	Secur	ities Exch	ange Ac	t of 1934	1		hours	per resp	oonse:	0.5		
1. Name and Address of Reporting Person* 2. Iss							pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC [PFG								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 711 High Street				3. Date of Earliest Transaction (Month/Day/Year) 09/11/2003								_	Officer (give title Other (specify below) below)							
(Street) Des Moines IA 50392					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																			
		-	Table I - Nor	n-Deriva	ative S	Securitie	es A	cquire	d, Dis	_				Owned						
1. Title of S	1. Title of Security (Instr. 3)		2. Transa Date (Month/D	2A. Deemed Execution Day if any (Month/Day/		ition Date, Trans Code		e (Insti	n Dispos	urities Acquired (A) or sed Of (D) (Instr. 3, 4 and			and 5) Securities Beneficiall Following Reported		y Owned (D) or (I) (Ins		7. Nature of ndirect Beneficial Ownership Instr. 4)			
								Cod		Amou		(A) or (D)	Price	Transactio (Instr. 3 an						
			Table II -			ecurities alls, war								vned						
Security or Exercise (Instr. 3) Price of	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code	action (Instr.	Derivative Ex		Expiration	Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount Securities Underlyi Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)		
				Code	V (A) (D) Date Expiration Date Title Shares		Transaction(s) (Instr. 4)													
Series D Preferred Convertible Stock	(1)	09/11/2003		P		41,826 ⁽²⁾		(3)		(4)	Comm Stocl)19,120 ⁽²⁾	\$5.32	148,	815	I	By Subsidian		
		Reporting Person* NANCIAL GI	ROUP INC																	
(Last) 711 High	Street	(First)	(Middle)																
(Street) Des Moir	nes	IA	50392																	
(City)		(State)	(Zip)																	
		Reporting Person* NANCIAL SE	RVICES I	<u>NC</u>																
(Last) 711 High	Street	(First)	(Middle)																
(Street) Des Moir	nes	IA	50392																	
(City)		(State)	(Zip)																	
		Reporting Person* FE INSURAN	ICE CO																	
(Last)	H CTDPP	(First)	(Middle)																
/11 HIG	H STREET					1														

Explanation of Responses:

(Street) **DES MOINES**

(City)

1. Security converts to Common Stock on a 1-to-120 basis.

ΙA

(State)

2. The number of underlying shares of Common Stock is subject to adjustment for anti-dilution and other matters.

50392

(Zip)

3. Immediately.

4. None.

Remarks:

Joyce N. Hoffman, Senior Vice

President and Corporate

09/15/2003

<u>Secretary</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.