FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

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

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*  JOHNSON CHARLES S							2. Issuer Name <b>and</b> Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
JOHNSON CHARLES S							PFG ]									or		10% O	vner		
-		irst)		1										r (give title		Other (s	specify				
(Last)	(F	3. 0	3. Date of Earliest Transaction (Month/Day/Year)									below	)		below)						
711 HIGH STREET						02/04/2004															
(Street)	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)										
DES MOINES IA 50392															X Form filed by One Reporting Person						
DES MOINES IA 50392														Form filed by More than One Reporting							
																Person					
(City) (State) (Zip)																					
		Tab	le I - Non-	-Deriva	ative	Se	curitie	es A	cquired, I	Disp	osed	of, or Be	enefic	cially	Owne	d					
1 Title of 9	Security (Inc	tr 2)	1	2. Transa	ection		2A. Deer	med	3.		4 Secui	rities Acqui	red (A)	or	5. Amou	ınt of	6 Ov	vnership	7. Nature		
Date						Execution Date			e, Transaction Disposed Of (D) (Instr. 3,				Securiti	ies Forr		n: Direct	of Indirect				
(Mor							if any (Month/Day/Yea		Code (Instr. 5)					Benefic Owned					Beneficial Ownership		
							( )					Ι.(Δ).			Reporte Transac	rted			(Instr. 4)		
									Code	V	Amount	nt (A) or P		ice	(Instr. 3	3 and 4)					
		т	able II - D	orivot	ivo S	2001	ıritioc	Λ	uirod Di	cno	cod of	or Pon	oficia	ulv O	hwpod						
															wiieu						
(e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D		4. Transaction Code (Instr. 8)				Expiration Date Amount of (Month/Day/Year) Securities					Price of erivative	9. Number of derivative		10. Ownership	11. Nature ip of Indirect			
Security	or Exercise		if any									Securities		Se	curity	Securities Beneficially Owned		Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
(Instr. 3)	Price of Derivative		(Month/Day/	(Year)   8					Underlying Derivative Se						str. 5)						
	Security						(A) or Disposed		(Instr. 3 and 4)					1		Following		(I) (Instr. 4)			
							)								Reported Transaction(s) (Instr. 4)						
							(Instr. 3, 4 and 5)														
			-	$\overline{}$		and 3)							_								
													Amou or	int							
									Date	_	universie in		Numb of	er							
					Code	v	(A)	(D)	Exercisable		piration ate	Title	Share	s							
Phantom							$\Box$			Т		Common									
Stock Units	(1)	02/04/2004			A		56		(2)		(2)	Stock	56		\$35.44	2,078		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 Deferred Compensation Plan for Non-Employee Directors and will be settled on the reporting person's retirement.

## Remarks:

Joyce N. Hoffman, by Power

02/06/2004

of Attorney

\*\* 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.