FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: 0.8 | | | | | | | |

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* Cheong Wee Yee | | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG] | | | | | | | | | Chec | k all app Direc | licable) | ng Person(s) to l 10% C Other | | | |
|--|---|--|---------------------------------|------------------------------|---|---|--|-----------------------------------|------------------|--------------------------------------|-----------------------|--|-----------------------|--|---|--|---|--|--|--|
| (Last) 711 HIGH S | (Fire | st) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | | | | X Office (give title Office (specify below) EVP, Principal Asia | | | | | | |
| (Street) DES MOINI (City) | ES IA (Sta | | 0392 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) Rule 10b5-1(c) Transaction Indication | | | | | | n L | ine) X | Form Form Perso | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person instruction or written plan that is intended to | | | | | | |
| | | | | | | atisfy t | ne affirr | mative o | defense c | onditio | ons of Rule 10 |)b5-1(c). | See Inst | ructio | n 10. | | ten pia | II that is lifter | ided to | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Disp | osed of | or B | enefic | ially | / Own | ed | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution ay/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | | | ies Acquired (A Of (D) (Instr. 3, | | , 4 and Secur Benef Owne | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | e | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common Sto | mmon Stock 03/31/ | | 03/31/ | 2023 | | A | | 322 | A | \$(| \$0 ⁽¹⁾ 53 | | 3,743 ⁽²⁾ | | D | | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| Security or I (Instr. 3) Pric | nversion Exercise ce of rivative curity | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | rities lired r osed) | Expiration Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | unt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Grant of restricted stock units.
- 2. Includes 742 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

Clint Woods

04/04/2023

** 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.