SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box | if no longer subject to |
|------------------|-------------------------|
| Section 16. For | |
| | |
| obligations may | |
| Instruction 1(b) | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

| 1. Name and Address of Reporting Person [*] <u>Houston Daniel Joseph</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>PRINCIPAL FINANCIAL GROUP INC</u> [PFG] | | tionship of Reporting Perso all applicable) Director Officer (give title below) | on(s) to Issuer 10% Owner Other (specify below) | |
|---|--|----------------|---|------------------------|--|--|--|
| (Last) 711 HIGH STRE | (Last) (First) (Middle) 711 HIGH STREET | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015 | | Pres & Chief Operating Officer | | |
| (Street) DES MOINES (City) | IA (State) | 50392 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Form filed by One Report Form filed by More than (Person | ting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| Transaction Disposed C Code (Instr. 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|--------|---|--------|---------------|---------------------------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | |
| Common Stock | 02/23/2015 | | A | | 24,399 | Α | \$0 ⁽¹⁾ | 133,962 ⁽²⁾ | D | | |
| Common Stock | | | | | | | | 2,797 | Ι | By 401(k) Plan | |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option (Right to Buy) | \$51.33 | 02/23/2015 | | A | | 70,210 | | (3) | 02/23/2025 | Common Stock | 70,210 | \$0 | 70,210 | D | |

Explanation of Responses:

1. Settlement of performance-based restricted stock units granted February 27, 2012.

2. Includes 1,577 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

3. The option vests in three equal annual installments beginning February 23, 2016.

Remarks:

Patrick A. Kirchner, by Power 02

02/25/2015

** 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.