FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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* FERRO DENNIS H | | | | | PF | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG] | | | | | | | | | ck all appli Direct | cable) or | g Person(s) to Is | | wner | |
|--|---|--|--|---------------|---|--|---------|-------------------|--|------|-----------------------------|---|-------------------------------|---|---|---|----------------------|--|--|--|
| (Last) (First) (Middle) 711 HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2018 | | | | | | | | | Officer (give title below) | | Other (s below) | | sреспу | | |
| (Street) DES MC | | | 50392 (Zip) | | - 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | ı-Deriv | /ative | Sec | curitie | s Acq | uired, [| Disp | osed o | of, or Be | enef | icially | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Dispo | | | ities Acqui d Of (D) (In | red (A str. 3, | A) or , 4 and | 5. Amou Securiti Benefic Owned | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | V | Amount | (A) (D) | or P | Price | Transac (Instr. 3 | tion(s) | | | (1113411 4) | |
| Common Stock 03/29/ | | | | | | /2018 | | A | | 218 | 218 A | | \$0 ⁽¹⁾ | 27 | 27,228 | | D | | | |
| | | Т | able II - I | | | | | | ired, Di | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transac | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 1 9 | s. Price of Derivative Security Instr. 5) | derivative Securitie | e ss ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | Code | v | (A) | | Oate Exercisable | | epiration ate | Title | Amo or Nun of Sha | | | | | | | |
| Phantom Stock | (2) | 03/29/2018 | | | A | | 165.8 | | (3) | | (3) | Common Stock | 16 | 5.8 | \$60.91 | 19,971. | .6 | D | | |

Explanation of Responses:

- Grant of restricted stock units.
- 2. The units convert to common stock on a one-for-one basis.
- 3. 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:

Patrick A. Kirchner, by Power of Attorney 04/02/2018

** 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.