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* ZIMPLEMAN LARRY D					PF	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 10% Owner X Officer (give title Other (specify						
(Last) 711 HIGI	(Fi H STREET	,	(Middle)			Date o		st Tran	ansaction (Month/Day/Year)							below) "	. & Ir	below) nvst. Svcs.			
(Street) DES MOINES IA 50392				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)													Perso	1					
		Tab	le I - Nor	n-Deriv	ative	e Se	curitie	es Ac	quired	, Dis	posed	of, oı	r Bei	nefic	ially	Owne	d					
			Date	nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securities Beneficial Owned Fo		es ially Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Pric	Reported Transaction (Instr. 3 and		tion(s)			(Instr. 4)		
Common Stock 03/3				03/26	6/2004	/2004		P ⁽¹⁾		83	A \$3		\$3	5.08	13,	13,373(2)		D				
Common Stock															5,	5,357		I .	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. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year		•	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		l Securit	De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amour or Number of Shares	er							
Phantom Stock Units	(3)	03/26/2004			A ⁽⁴⁾		60.4		(5)		(5)	Comi		60.4		\$35.02	5,164.3	3	D			

Explanation of Responses:

- 1. Pursuant to 10b5-1 plan adopted July 16, 2003.
- 2. Includes 702 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.
- 3. Security converts to common stock on a one-for-one basis.
- 4. Pursuant to 10b5-1 plan adopted February 27, 2002.
- 5. The reported phantom stock units were acquired pursuant to the Principal Select Savings Excess Plan and may be transferred at any time into another investment alternative under the plan. Interests under the plan will be settled upon the reporting person's retirement or other termination of service.

Remarks:

Joyce N. Hoffman, by Power of Attorney

03/30/2004

** 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.