FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|-------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | | |

| OMB Number: | 3235-0287 | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response. | 0.1 | | | | | | |

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* | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|------------|---|---|---|------|-----------------|--|-----|--|--|---|--|--|---------------|---|---|---------|
| Mills Scott | | | | | PRINCIPAL FINANCIAL GROUP INC [PFG] | | | | | | | Γ " | X | Direct | , | | 10% Ov | vner |
| (Loct) | (5 | irot) | (Middle) | | | | | | | | | | | Officer below | r (give title | | Other (s | specify |
| (Last) (First) (Middle) 711 HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2017 | | | | | | | | | BCIOW | , | | Belowy | |
| (Street) DES MC | DINES IA | | 50392 | 4. | 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 | | | | · | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | | | rting | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | Transaction ate lonth/Day/Yo | Execution Date | | | Code (Instr. 5) | | | | | 4 and Securit | | ies For cially (D) Following (I) (I | | Ownership m: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V Amount (A) or (D) | | Price | Transaction(s) | | | | (1115411 4) | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Date if any (Month/Day/Ye | Code (Instr. | | n 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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp | oiration e | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock Units | (1) | 08/04/2017 | | A | | 22.4 | | (2) | | (2) | Common Stock | 22.4 | \$6 | 67.04 | 1,977.8 | | D | |

Explanation of Responses:

- 1. The units convert 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:

Patrick A. Kirchner, by Power

08/08/2017

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.