FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| 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(h) | |

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* <u>Dunbar Timothy Mark</u> | | | | | 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 Officer (give title Other (specif | | |)wner |
|---|---|---------------------|---|------------------|--|---------|---|--|--------------------|--|---|---|--|--|--|---|
| (Last) (First) (Middle) 711 HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018 | | | | | | | | X below) below) EVP & Chief Investment Officer | | | |
| (Street) DES MOINES IA 50392 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | • | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | Derivativ | e Sec | curitie | es Ao | cquired, D | ispos | sed (| of, or Be | eneficia | lly Owne | d | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Code (Instr. 5) | | | | | Benefic | es Formula (D) Following (I) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | / AI | mount | int (A) or (D) | | Tranca | ction(s) | | (our .) | |
| | | Т | able II - Deı (e.ç | | | | | uired, Dis s, options | • | | , | | y Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Code (Instr. | | mber rative rities ired r osed) : 3, 4 | 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 Transactior (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | | | Date Exercisable | Expiration Date | | Amou or Numb of Title Share | | | | | |
| Phantom Stock Units | (1) | 06/01/2018 | | A | | 7.9 | | (2) | (2 | 2) | Common Stock | 7.9 | \$56.45 | 7,083.8 | D | |

Explanation of Responses:

- 1. The units convert to common stock on a one-for-one basis.
- 2. Acquired pursuant to the Principal Financial Group, Inc. Select Savings Excess Plan and may be transferred at any time into another investment alternative under that plan. Interests under the plan will be settled upon the reporting person's retirement or other termination of service.

Remarks:

Clint Woods, by Power of Attorney 06/05/2018

** 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.