FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB AP | PF | ROVAL |
|-------------|----|----------|
| OMB Number: | | 3235-028 |
| | | |

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

37 Estimated average burden hours per response: 0.5

| | | | | | or S | Sectio | on 30(h |) of the | Ínve | estment | Con | pany Ac | t of 194 | 0 | | | | | | | | |
|---|---|--|--|--------------------|-------------------------------|---|---------|----------|--|--|------|---|--|-------------|--|---|--|---|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* MATHRANI ARJUN K | | | | | PR | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC [| | | | | | | | | | | tionship of Reporting Perso all applicable) Director | | | rson(s) to Is | | |
| | | | | | | PFG] | | | | | | | | | | | Officer (give title below) | | | Other (| | |
| (Last) (First) (Middle) 711 HIGH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2004 | | | | | | | | | | | | | | below) | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| DES MOINES IA 50392 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | Sec | curiti | es Ac | qui | ired, [| Disp | osed | of, or | Ben | eficia | lly O | wne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Executi | | | •, | 3. Transaction Dispose Code (Instr. 8) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | d Se | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code V | | Amount (A | | A) or D) | Price | | | action(s) . 3 and 4) | | | (Instr. 4) | |
| | | Т | able II - I (| Derivat e.g., p | | | | | | | | | | | | / Owi | ned | | | | | |
| 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 (I 8) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | le and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | Deriva Secur | . Price of Perivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | piration te | Title | N C | Amount or Number of Shares | | | | | | | |
| Phantom | (1) | 03/17/2004 | | | Δ | | 28 | | | (2) | T | (2) | Comm | on | 28 | \$35 | 25 | 2 123 | | D | | |

Explanation of Responses:

- 1. Security converts 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:

Units

Joyce N. Hoffman, by Power

03/19/2004

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.