SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: 3235-028 | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| | tions may cont ction 1(b). | tinue. See | | | ection 16(a) 80(h) of the In | | | | | 934 | | hour | s per response: | 0.5 | | |
|---|-------------------------------|------------------------|--------------------|----------|---------------------------------|---|---|---|---|----------------|---------------|-----------------------|---|--------------------------------|---|---|
| 1. Name and Address of Reporting Person* <u>Friedrich Amy Christine</u> (Last) (First) (Middle) | | | | | 2. Issue PRIN PFG | er Na <mark>NCI</mark> | ime and Tick PAL FIN arliest Transa | er or Tra [<mark>ANC</mark> | ding S IAL | Symbol GROU | | neck all app Direc | blicable) ctor er (give title w) | below) | wner (specify | |
| 711 HIGH STREET | | | 12/21/ | | | (| | , | | | Preside | nt - USIS | | | | |
| (Street) DES MOINES IA 50392 (City) (State) (Zip) | | | | | 4. If An | nendi | ment, Date o | f Origina | l Filed | (Month/Da | y/Year) | 6. Lin | e) X Form | n filed by Or n filed by Mo | ip Filing (Check / ne Reporting Persone than One Rep | son |
| | | Table | e I - Nor | n-Deriva | ative Se | ecur | rities Acq | uired, | Disp | osed of | , or Ber | neficia | ally Own | ed | | |
| 1. Title of Security (Instr. 3) Date (Month | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | nd Securi Benefi Owned | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | ted action(s) 3 and 4) | | (Instr. 4) |
| Common Stock | | | | 12/21/ | /2021 | | | A | | 146 | Α | \$0 ⁽⁾ | ¹⁾ 35 | ,99 1 ⁽²⁾ | D | |
| Common | Stock | | | | | | | | | | | | 2 | 2,881 | Ι | By 401(k) Plan |
| | | Ta | | | | | ies Acqui varrants, | | | | | | | d | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | 3A. Dee Executi | | 4. Troncoo | 4. 5. Number Transaction of Code (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Dayl/Year) 7. Title and Amount of Securities | | | | | 9. Number | | 11. Nature |

| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Year) | if any (Month/Day/Year) | Code (Instr. | | Derivative Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | (Month/Day/Year) | | Securities Underlying Derivative Security (Instr. 3 and 4) | | Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
|------------------------|---|------------------|----------------------------|--------------|---|--|-----|---------------------|--------------------|--|--|------------------------|--|--|---------------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. Grant of restricted stock units

2. Includes 7,436 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

Remarks:

Alex P. Montz, by Power of

Attorney

12/23/2021

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Г