FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

| 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* MCCAUGHAN JAMES P | | | | | 2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC PFG] | | | | | | | | | (Chec | k all appli Directo | cable) | g Per | son(s) to Iss 10% Ov Other (s | vner |
|---|--|--|---|---|--|--------|---------|----------|--|--|-----------------|---|-----------------------------------|-----------------------|--|--|--|--|---|
| (Last) (First) (Middle) 711 HIGH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2015 | | | | | | | | | X | below) | .0 | bal A | below) | · | |
| (Street) DES MOINES IA 50392 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | • | (Zip) | | | Person | | | | | | | | | | | | | |
| | | Tab | le I - Non-l | Derivat | tive S | Secu | urities | s Ac | quired, D | oisp | osed o | of, or Be | nefic | ially | Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Da | | | Date. | Code (In | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benet | | ties Fo cially (D) I Following (I) | | Ownership rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | <i>,</i> | Amount (A) or (D) | | Pric | ce | Transaci (Instr. 3 | ction(s) | | | (111341. 4) | |
| | 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. Deemed Execution Da if any (Month/Day/\) | ate, Tra | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar | g Securi | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisable | Ex Da | piration ate | Title | Amou or Numb of Share | er | | | | | |
| Phantom Stock Units | (1) | 03/27/2015 | | I | A | | 132.4 | | (2) | | (2) | Common Stock | 132. | 4 | \$50.49 | 18,708. | 4 | D | |

Explanation of Responses:

- 1. Security converts 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:

Patrick A. Kirchner, by Power of Attorney

** Signature of Reporting Person Date

03/31/2015

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.