SCHOLTEN GARY P

Form 4

December 08, 2009

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Common

Stock

Stock

Stock

12/04/2009

(Print or Type Responses)

1. Name and A SCHOLTE	Symbol PRINCI	2. Issuer Name and Ticker or Trading Symbol PRINCIPAL FINANCIAL GROUP INC [PFG]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)		(Month/Da	3. Date of Earliest Transaction (Month/Day/Year)			ive title Oth below)	6 Owner er (specify		
711 HIGH STREET		12/04/20	12/04/2009			Sr VP & Ch Info Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DES MOIN					Form filed by More than One Reporting Person				
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative Securities A	equired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Code V Amount

242

A

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Transaction(s)

(Instr. 3 and 4)

D

I

Ι

25,661 (2)

535

192

or

(D)

Price

\$0

(1)

By 401(k)

By Spouse

Plan

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number.

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 Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration I (Month/Day	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. De Se (In
				Code V	(A) (E	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Performance Units	<u>(3)</u>	12/04/2009		A	24	<u>(4)</u>	<u>(4)</u>	Common Stock	24	
Phantom Stock Units	<u>(3)</u>	12/04/2009		A	21.3	(5)	(5)	Common Stock	21.3	\$

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

SCHOLTEN GARY P 711 HIGH STREET DES MOINES, IA 50392

Sr VP & Ch Info Officer

Signatures

Joyce N. Hoffman, by Power of Attorney 12/08/2009

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Grant of restricted stock units.
- (2) Includes 4,899 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.
- (3) Security converts to common stock on a one-for-one basis.
- (4) The reported performance units were acquired pursuant to the Principal Financial Group Long-Term Peformance Plan. Units under the Plan will be settled in cash or stock within a five-year period from the date of vesting.
- The reported phantom stock units were acquired pursuant to the Principal Select Savings Excess Plan and may be transferred at any time (5) into another investment alternative under the Plan. Interests under the Plan will be settled upon the reporting person's retirement or other termination of service.

Reporting Owners 2

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.