

] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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

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(f) of the Investment Company Act of 1940

| 1. Name and Add | ress of Re | porting P | erson * | 2. | Iss | uer Na | me a | nd Ticke | r or Tradi | ng Symb | 5. Relatio (Check al | | | Person(s) | to Issue | |
|--|---|-------------------|---|--|---|--------------------|---|-----------------------------------|----------------------|--|--|--|---|--|--|--|
| OKEEFE MARY A | | | | | PRINCIPAL FINANCIAL GROUP INC [PFG] | | | | | | | or | _ | 10% O | wner | |
| (Last) | (First) | (Midd | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | below) | X Officer (give title below) Other (specify below) Sr. VP & Chief Mktg. Off. | | | | | |
| 711 HIGH ST | REET | | | | | | | 10/20/2 | 2006 | | | 011101 | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| DES MOINES | S, IA 50 | 392 | | | | | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | Reporting Pethan One Rep | | n | |
| | | Table I | - Non-D | eriva | ativ | ve Secu | ıritie | s Acquir | ed, Dispo | sed of, o | or Beneficiall | y Owned | I | | | |
| 1 | | | 2. Tran | ite Deemed C | | Code (Instr. 8) | 4. Securities Acquired (A) Disposed of (Instr. 3, 4 ar (A) or Amount (D) | (D) (Ins | | unt of Securities Beneficially Owned ng Reported Transaction(s) and 4) | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Tab | le II - De | rivative S | Securitie | s Bei | nef | icially | Own | ned (<i>e.g.</i> | , puts, ca | lls, warr | ants, options | , convert | tible secur | rities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans Code (Instr 8) | ode Securities Acquired (A) | | ve es d (A) osed of | and Expiration Date Sect Der (Ins | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Reported | Form of Derivative Security: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration e Date | Title | Amount or Number of Shares | | Transaction (s) (Instr. 4) | 4) | | |
| Phantom Stock Units | (1) | 10/20/2006 | | A | | 17.5 | | (2) | (2) | Common Stock | 17.5 | \$55.53 | 534.7 | 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 Select Savings Excess Plan and may be transferred at any time 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

| Paperting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|---------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| OKEEFE MARY A | | | | | | | | |
| 711 HIGH STREET | | | Sr. VP & Chief Mktg. Off. | | | | | |
| DES MOINES, IA 50392 | | | | | | | | |

Signatures

Joyce N. Hoffman, by Power of Attorney

10/24/2006

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 control number.