

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | | 2. Is | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---------|-------------|----------|---|--|--|----------------------------------|---|--------------|---|--|--|--|---|------------------------------------|--|----------------------------------|--------------|
| Walker Robe | erto | | | | | IN FG | | LFINA | NC l | IAL (| GROU | P IN | IC | Director | | 10% | Owner | |
| (Last) | (First) | (Mi | ddle) | | 3. I | ate | of Earlie | est Transac | etior | ı (MM/I | DD/YYYY] |) | | X_ Officer (give EVP, Principa | | | ner (specify) | below) |
| 711 HIGH ST | FREET | | | | | | | 12/1 | 9/2 | 022 | | | | | | | | |
| | (Stree | et) | | | 4. I | fAm | endmer | it, Date Or | rigin | al File | d (MM/DI | D/YYY | YY) | 6. Individual o | or Joint/G | roup Filing | Check Appl | icable Line) |
| DES MOINE | | | o) | | | | | | | | | | | _X _ Form filed by Form filed by | | ting Person One Reporting P | erson | |
| | | | Table | I - Noi | n-Deri | vati | ve Secu | rities Acq | uire | ed, Dis | sposed o | f, or l | Ben | eficially Owne | d | | | |
| 1.Title of Security (Instr. 3) | | | . Date | 2A. Deemed Execution Date, if any | | 3. Trans. Coo (Instr. 8) | de | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | F | . Amount of Securiti following Reported T (Instr. 3 and 4) | ies Beneficially Owned Transaction(s) | | Ownership Form: Be Direct (D) Ov | Beneficial Ownership | | | |
| | | | | | | | | Code | V | Amou | (A) or (D) | Pri | ce | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | | | 12/19/ | 2022 | | | A | | 219 | A | \$0 | <u>(1)</u> | 34 | 4672 ⁽²⁾ | | D | |
| | Tab | le II - Der | rivative | Secui | ities I | Bene | ficially | Owned (e | .g., | puts, | calls, wa | rran | ts, o | ptions, conver | tible secu | ırities) | | |
| Title of Derivate ecurity Conversion or Exercise Price of Derivative Security Security Security Security 3A. Trans. Date Execution Date, if any | | | on (I | Trans. (nstr. 8) | ss. Code 8) 5. Numbo Derivativ Acquired Disposed (Instr. 3, | | e Securities (A) or of (D) | 6. Date Exercisable and Expiration Date | | 7. Title and Securities U Derivative (Instr. 3 and | | Underlying Security | derlying Derivative Security Security | | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | Title | Amo Shar | ount or Number of res | | Reported Transaction(s) (Instr. 4) | | |

Explanation of Responses:

- (1) Grant of restricted stock units.
- (2) Includes 5,106 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

Reporting Owners

| reporting owners | | | | | | | | | |
|--------------------------------|---------------|-----------|-------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| Walker Roberto | | | | | | | | | |
| 711 HIGH STREET | | | EVP, Principal Latin American | | | | | | |
| DES MOINES, IA 50392 | | | | | | | | | |

Signatures

Clint Woods 12/21/2022

**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 control number.