| FORM 4 | |
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[] 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|---|---|--|--|--|--|
| | | (Check all applicable) | | | | |
| Mills Scott | PRINCIPAL FINANCIAL GROUP INC | | | | | |
| | [PFG] | X_Director10% Owner | | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (MM/DD/YYYY) | Officer (give title below) Other (specify below) | | | | |
| 711 HIGH STREET | 12/19/2022 | | | | | |
| (Street) | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| DES MOINES, IA 50392 (City) (State) (Zip) | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Trans. Date | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) | Beneficial |
|------------------------------------|----------------|------------|---|---|---------------|----------------|---|--|------------|
| | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | |
| Common Stock | 12/19/2022 | Α | | 171 | Α | \$0 (1) | 22723 | D | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | • | , | 0.1 | - | | | | | | |
|--|---|-------------------|-------------------------------------|---|---|---|---------------------|---------------------|-----------------|----------------------------------|---------|--|------------------------------------|---------------------------------------|
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 4. Trans. Code (Instr. 8) | | 5. Number Derivative Securities A (A) or Disp (D) (Instr. 3, 4 | e and Expirati s Acquired sposed of | | and Expiration Date | | | | 9. Number of derivative Securities Beneficially Owned Following | Ownership Form of Derivative | Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
| Phantom Stock Units | (2) | 12/19/2022 | Α | | 96 | | <u>(3)</u> | <u>(3)</u> | Common Stock | 96 | \$84.31 | 13450 | D | |

Explanation of Responses:

(1) Grant of restricted stock units.

- (2) The units convert to common stock on a one-for-one basis.
- (3) The reported phantom stock units were acquired pursuant to the Principal Deferred Compensation Plan for Non-Employee Directors and will be settled on the reporting person's retirement.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Ivanie / Address | Director | 10% Owner | Officer | Other | | | |
| Mills Scott | | | | | | | |
| 711 HIGH STREET | Χ | | | | | | |
| DES MOINES, IA 50392 | | | | | | | |

Signatures

**Signature of Reporting Person

12/21/2022 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.