SCHOLTEN GARY P

Form 4

December 20, 2005

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL

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subject to Section 16. Form 4 or Form 5 obligations

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

SECURITIES

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SCHOLTEN GARY P		Symbol	er Name and Ticker or Trading CIPAL FINANCIAL GROUP PFG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 711 HIGH S			of Earliest Transaction Day/Year) 2005	Director 10% OwnerX_ Officer (give title Other (specify below) Sr VP & Ch Info Officer			
	(Street)		endment, Date Original onth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DES MOINI	ES, IA 50392			Form filed by More to Person	han One Reporting		
(City)	(State)	(Zip) Tab	ole I - Non-Derivative Securities A	equired, Disposed of, or	Beneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code Disposed of (D)	Securities Form Beneficially (D) of Owned Indir Following (Inst. Reported Transaction(s) (Inst. 3 and 4)	rect (I) Ownership		
Common Stock	12/16/2005		A 87 A \$0	10,184 <u>(2)</u> D			
Common Stock				496 I	By 401(k) Plan		
Common Stock				192 I	By Spouse		

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

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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 Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Expiration I (Month/Day s		7. Title and A Underlying S (Instr. 3 and	Securities	8. De Se (In
				Code V	(A) (Date Exercisable D)	Expiration Date	Title	Amount or Number of Shares	
Performance Units	(3)	12/16/2005		A	14	<u>(4)</u>	<u>(4)</u>	Common Stock	14	
Phantom Stock Units	<u>(3)</u>	12/16/2005		A	12.6	(5)	(5)	Common Stock	12.6	\$

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

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 12/20/2005

**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 2,263 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 Performance 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.