Edgar Filing: Valdes Luis E. - Form 4

| Valdes Luis | Е. | | | | | | | | | | |
|---|---|----------|--|---|-----------------|----------------|---|--|--------------------------|-------------------------------|--|
| Form 4 | 0.0017 | | | | | | | | | | |
| November 28 | | | | | | | | | | | |
| FORM | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB AF OMB Number: | PPROVAL 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectior of the Investment Company Act of 1940 | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Valdes Luis E. Symbol | | | er Name and Ticker or Trading IPAL FINANCIAL GROUP FG] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 711 HIGH S | (First) | (Middle) | 3. Date of (Month/D) 11/24/20 | - | ransaction | | | Director X Officer (give below) Pres - Int'l A | | Owner er (specify Accum | |
| | | | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| | ES, IA 50392 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 11/24/2017 | | | Code V F | Amount 9,761 | or (D) D | Price \$ 68.65 | (Instr. 3 and 4) 72,319 (1) | D | | |

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

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.

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

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| 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. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|------------------------------------|--|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code Y | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Valdes Luis E. 711 HIGH STREET DES MOINES, IA 50392 | | | Pres - Int'l Asset Mgmt&Accum | | | | | |
| Signatures | | | | | | | | |
| Patrick A. Kirchner, by Power Attorney | of | 11/2 | 8/2017 | | | | | |
| **Signature of Reporting Person | | Γ | Date | | | | | |
| Explanation of Responses: | | | | | | | | |

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) Includes 7,987 shares acquired pursuant to the Principal Financial Group, Inc. Employee Stock Purchase Plan.

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.