FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
Estimated average burden							
hours per response:	0.5						

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* HACKETT ANN F 2. Date of Event Requiring Statement (Month/Day/Year) 10/27/2004				nent	3. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF]							
(Last)	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	()	(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
- 1000 CAPITAL ONE BRIVE					X Director 10% Owner Officer (give title below) below)				6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)						,	,		X	Form filed by	y One Reporting Person	
MCLEAN —————	VA	22102								Form filed by Reporting P	y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						4,000	D					
Common Stock						5,000	I		By Spouse			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercise Expiration Date (Month/Day/Yea			ate	and 3. Title and Amount of Secu Underlying Derivative Secu		ity (Instr. 4) Conv				6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivation Security	ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

By: Polly A. Nyquist

11/08/2004

Date

** Signature of Reporting Person

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 5 (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 Number.