### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	S
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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*  Dean Lia						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [ COF										all app Dired	onship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner Other (specify		
(Last) 1680 CA	ast) (First) (Middle) 880 CAPITAL ONE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2020									Λ	Hea	,	Mktg	below)  Mktg and Retail		
(Street)  MCLEA			22102		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv _ine) X	Forn Forn	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(51		Zip)																		
			e I - No			_			·	, Dis	posed o							_			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	)	Trans	action(s) 3 and 4)			(11150.4)	
Common	Stock			02/15	/2020				F <sup>(1)</sup>		462		D	\$10	2.64	24	1,854 <sup>(2)</sup>	D			
Common	Stock			02/15	/2020				F <sup>(3)</sup>		568		D	\$10	2.64	24,286 D					
Common	Stock			02/15	/2020				F <sup>(4)</sup>		1,010		D	\$10	2.64	2	23,276 D				
	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. Deen Executio if any (Month/D	n Date,	4. Transa Code ( 8)		of Deriv	r osed ) :. 3, 4	6. Date Expiration (Month/Mont	on Dai		Am Sec Und Der Sec	or Nu of	nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership vrm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 2, 2017. This is authorized in the applicable restricted stock award agreement.
- 2. Includes shares acquired by the reporting person through the Company's Associate Stock Purchase Plan since the last reported transaction.
- 3. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 1, 2018. This is authorized in the applicable restricted stock award agreement.
- 4. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on January 31, 2019. This is authorized in the applicable restricted stock award agreement.

# Remarks:

02/19/2020 Cleo Belmonte (POA on file)

\*\* 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 Number.