#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

k this box if no longer subject to	S
on 16. Form 4 or Form 5	
ations may continue. See	

#### TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Chec Section Obliga Instruction 1(b) 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*  KLANE LARRY A						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [ COF											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
,	_ []	Officer (give title			Other (s																		
(Last)	(F	3 [	Date of Earliest Transaction (Month/Day/Year)											below) below)									
1680 CA		11/17/2005											Executive Vice President										
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
MCLEAN VA 22102																	X Form filed by One Reporting Person						
(City)	(9)	tate)	(Zip)		-											Form filed by More than One Reporting Person							
(City)	(5	•	le I - No	n-Deriv	vative		curit	ies Δ <i>i</i>		ired [	)ier	nosed o	of or	Ben	eficial	lly Ow	ner	<u> </u>					
1 Title of	Security (Inc		ie i - No	2. Trans		_	A. De		÷	3.	إداد		-					nt of	6.0	vnership	7. Nature		
1. Title of Security (Instr. 3) 2. Trans Date (Month/					ar) E	Execution Date, if any (Month/Day/Year)			Transact Code (In 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and Secur Benef Owne		urities eficially ned Following		n: Direct r Indirect nstr. 4)	of Indirect Beneficial Ownership			
										Code V		Amount (A) or (D)		Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock <sup>(1)</sup> 11/17/					7/2005	2005				M		4,878	878 A \$4		\$48.5	62,493		D					
Common Stock <sup>(1)</sup> 11/17/					7/2005	2005				S		4,878 D \$		\$82.	57,615		,615	15 D					
		T	able II -													/ Own	ed						
	1.	1				calls	_		_			onverti			ities)	1			. 1		I		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)					Date Exe piration I onth/Day	Date	Amount of			8. Pric Deriva Securi (Instr.	ive y	9. Number derivatives Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Filly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	te ercisable		Expiration Date	Title		Amount or Number of Shares								
Employee Stock Option (Right to	\$48.54	11/17/2005			M			4,878		(2)	10	0/17/2011	Comm		4,878	\$0		14,634		D			

## **Explanation of Responses:**

- 1. This transaction was executed pursuant to a trading plan entered into by the reporting person on November 14, 2005, in accordance with Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. This option became exercisable if, among other possible criteria, the Company achieved a cumulative earnings per share of more than \$5.03 in four consecutive fiscal quarters prior to December 31, 2004. This criterion was fulfilled on March 31, 2004 and these stock options vested in their entirety on April 22, 2004.

# Remarks:

By: Frederick L. Williams 11/21/2005 (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.