FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT	OF CHANGES	S IN BENEFICI	AL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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

Name and Address of Reporting Person* Haggerty Kaitlin					2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP COF									all app Direc Office	licable) tor er (give title			Owner (specify	
(Last) 1680 CA	(Fir PITAL ON	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								A	below) below) Chief Human Resources Officer					
(Street) MCLEA	N VA	. 2	2102		4. If <i>I</i>	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		6. Indi Line) X	Form	Joint/Group filed by One filed by Moton	e Rep	orting Pers	on
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	s Acq	uired	, Dis	posed of	, or B	enefi	cially	Own	ed			
Date			2. Transact Date (Month/Day	y/Year) Exec		Deemed cution Date, y nth/Day/Year)				s Acquired (A) or f (D) (Instr. 3, 4 and					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	•	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			02/15/2	024				F ⁽¹⁾		145	D	\$13	\$136.36		18,602		D	
Common Stock 02/15/20)24			F ⁽²⁾		257 D		\$13	36.36 1		18,345		D		
Common Stock 02/15/20					2024				F ⁽³⁾		710	D	\$13	136.36		17,635		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)	if any	emed tion Date, n/Day/Year)		sansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Dei Sed (Ins	Price of erivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Evalanation					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						

- 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 4, 2021. This is authorized in the applicable restricted stock award agreement.
- 2. 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 3, 2022. This is authorized in the applicable restricted stock award agreement.
- 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 January 26, 2023. This is authorized in the applicable restricted stock award agreement.

Remarks:

/s/ Jason S. Frank (POA on 02/20/2024 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.