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

Name and Address of Reporting Person* West Kara			2. Date of E Requiring S (Month/Day 07/11/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF]						
(Last) 1680 CAPIT	(First) ΓAL ONE DI	(Middle)		-	Issuer	Relationship of Reporting uer eck all applicable) Director	g Person(s 10% C	´	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing		
(Street) MCLEAN		22102			X Officer (give title below) Chief Audit C	Other (specify below) Officer		(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned											
		I	ible I - Noll	-Denvau	ve Sec	curities benefit	Jiany O	wneu			
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						11,122	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)			4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares			5)	

Explanation of Responses:

Remarks:

Exhibit 24.1 - Power of Attorney - West

/s/ Cleo Belmonte (POA on file)

07/20/2022

** Signature of Reporting

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 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.