## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
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*  Berson Jory A						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [ COF									all appli Directo Officer	or r (give title		10% Ov Other (s	vner
(Last) (First) (Middle) 1680 CAPITAL ONE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2016									chief	Human R	lesour	below)	er
(Street)  MCLEA  (City)	MCLEAN VA 22102				- 4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0.5)				on-Deri	vative	e Sec	uriti	ies Ac	quire	d, Di	isposed (	of, or Be	eneficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				ction	on 2A. Deemed			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o		d (A) or	5. Amou Securiti Benefici Owned		int of es ially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/10/20						16			M		4,024	A	\$0.000	)0 <sup>(1)</sup>	105,309			D	
Common Stock 02/10/20					2016	016			F <sup>(2)</sup>		2,018	D	\$62.2	24	103,291			D	
Common Stock 02/10/20					2016	016			D		4,024	D	\$62.7	4(1)	4 <sup>(1)</sup> 99,26		D		
Common Stock															6,5	530 <sup>(3)</sup>			By 401(k)
		7	able II								posed of converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	if any	med on Date, Day/Year)	4. Transa Code ( 8)		on of		6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Dei Sed (Ins	Price of crivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Number of Shares	r					
2013 Restricted Stock	\$0.0000(1)	02/10/2016			M			4,024	(4)		(4)	Common Stock	4,024	\$0.	0000(1)	0.0000		D	

## **Explanation of Responses:**

- 1. On February 10, 2016 the restricted stock units were settled in cash based on the Company's average fair market value of shares of common stock over the twenty trading days preceding the vesting date.
- 2. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock granted on January 31, 2013. This is authorized in the applicable restricted stock award agreement.
- 3. Represents the reporting person's equivalent share ownership in the Company's 401(k) Plan, a unitized plan, as of the date of the latest transaction.
- 4. These restricted stock units vest in 1/3 increments beginning on February 10, 2014 and annually thereafter.

02/12/2016 Cleo Belmonte (POA on file)

\*\* 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 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.