Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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* Mouadeb Mark Daniel | | | | suer Name and Tick <u>PITAL ONE</u> | 0 | , | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | |
|--|------------------------|----------|----------------|---|------------------|----------------------------|---|--|--------------|-----------|--|
| (Last) | (First) AL ONE DRIV | (Middle) | | F] ate of Earliest Trans | action (Month | /Day/Year) | x | Director Officer (give title below) President | | (specify | |
| (Street) MCLEAN VA 22102 (City) (State) (Zip) | | | 4. If <i>i</i> | Amendment, Date c | of Original File | d (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 | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Secur | ity (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A) | or | 5. Amount of | 6. Ownership | 7. Nature | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Disposed Of (I Code (Instr. 5) 8) | | (D) (Instr | : 3, 4 and | Beneficially | (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) | |
|-----------------------------|--------------------------|---|---|---|------------|---------------|--------------|------------------------------------|--|----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock ⁽¹⁾ | 09/15/2022 | | S | | 600 | D | \$100.94 | 12,243 ⁽²⁾ | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe of (D | sposed (D) str. 3, 4 | | Amount of | | mount of ecurities Security (Instr. 5) erivative ecurity (Instr. | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|----------------------------|---------------------|--------------------|-------|--|--|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This transaction was executed pursuant to a trading plan entered into by the reporting person on August 10, 2022, in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.

2. Includes shares acquired by the reporting person through a dividend reinvestment program since the last reported transaction.

Remarks:

<u>/s/ Cleo Belmonte (POA on</u> file)

09/19/2022

** 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.