FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Jan , a car | OMB APPRO | VAL |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |
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| Check this box if no longer subject to |
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| 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

| 1. Name and Address of Reporting Person* Berson Jory A | | | | | | 2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP COF | | | | | | | | | ck all applic | cable) | g Pers | son(s) to Iss 10% Ov Other (s | vner | |
|---|---|--|--|-----------------------|---------------------------------|---|-------|--------------------|------------------------------|-----------|--|---|-------------------------------|---|--|--|-------------------------------------|--|--|--|
| (Last) (First) (Middle) 1680 CAPITAL ONE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2010 | | | | | | | | | below) | | Resou | below) | | |
| (Street) MCLEA (City) | | | 22102 (Zip) | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ies Ac | auired. | Dis | posed c | f. or B | enefi | cially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans | | | | saction /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Dis | | 4. Securi | urities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amou Securitie Benefici Owned F | nt of es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| Common Stock ⁽¹⁾ | | | 04/0 | /05/2010 | | | | M | | 24,40 | 0 A | . 4 | 18.28 | 135,802 | | D | | | | |
| Common | non Stock ⁽¹⁾ 04/0 | | | 04/0 | 5/201 | /2010 | | S | | 24,40 | 0 E | | \$43 | 111 | ,402 | | D | | | |
| | | - | Table II - | | | | | | | | osed of, onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Date, Transaction Code (Inst | | n of | | 6. Date Expiration (Month/Da | n Date | • | 7. Title a of Secu Underly Derivati (Instr. 3 | ities ng ⁄e Secu | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e O S Illy D O (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | expiration Date | Title | Amo or Nun of Sha | nber | | | | | | |
| Stock | \$18.28 | 04/05/2010 | | | M | | | 24,400 | (2) | (| 01/28/2019 | Common | 24, | 400 | \$0 | 179,11 | .1 | D | | |

Explanation of Responses:

- 1. This transaction was executed pursuant to a trading plan entered into by the reporting person on November 4, 2009, in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. This option is exercisable in 33 1/3 increments beginning on January 29, 2010 and annually thereafter.

Remarks:

Tangela S. Richter (POA on 04/07/2010 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.