FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|--|---|-------|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-028 Estimated average burden | | | | | | | | | |
| | | | | | | | | | | |
| | hours per response | : 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

| 1. Name ar Killalea (Last) 1680 CA | Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF] In Date of Earliest Transaction (Month/Day/Year) O5/05/2022 | | | | | | | | | k all app Direc | tor er (give title | ng Pei | 10% Ov Other (s below) | wner | | | | | |
|--|--|--|---|----------|-----------------|--|--------|---|--|--------------------|---|-------------------|------------------------------|---|---|--|--|---------------------------------------|------------|
| (Street) MCLEA (City) | N VA | 2 ate) (Z | 2102 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form Form Perso | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Table | I - Nor | า-Deriva | tive S | Secu | rities | Acq | uired, | Disp | osed of | , or E | Benef | ficially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Date, | 3. 4. Securities Acquire Disposed Of (D) (Inst 5) | | | | | Securit Benefic | 5. Amount of Securities Beneficially Owned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transaction(s) (Instr. 3 and 4) | | | | (111541.4) |
| Common | Stock ⁽¹⁾ | | | 05/05/ | 2022 | | A | | 1,612 A | | 1 | \$ <mark>0</mark> | 14,667 | | | 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) | e Execution Date, onth/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | able | Expiration Date | Title | or Numb of Share | per | | | | | |

Explanation of Responses:

1. Restricted stock unites which vest in their entirety on May 5, 2023 and settle in shares of the Company's common stock upon termination of service as a director. The reporting person will also be entitled to additional shares representing dividends accrued on the shares issuable at settlement.

Remarks:

/s/ Cleo Belmonte (POA on

05/09/2022

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.