FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPRO	JVAL
OMB Number:	3235-0287
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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 and Address of Reporting Person* Hall Sheldon					2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF] 3. Date of Earliest Transaction (Month/Day/Year)									all app Direc Office	tionship of Reportin all applicable) Director Officer (give title below)		son(s) to Is 10% Ov Other (s below)	wner (specify	
(Last) 1680 CA	Fir PITAL ON	,	Middle)		02/15/2024								S	enior Adv	isor to	o CEO			
(Street) MCLEA	N VA	. 2	2102		4. If A	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		3. Indiv ine) X	Form	· Joint/Group filed by One filed by Moton	e Repo	orting Perso	on
(City)	(Sta	ate) (Ž	Zip)		Rul	le 10)b5-	1(c)	Tran	sac	tion Indi	catio	n						
											saction was m ions of Rule 10					uction or writt	en plan	that is inter	nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
Date		2. Transact Date (Month/Day	//Year) Exec		. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock			02/15/2	024				F ⁽¹⁾		1,094	D	\$13	6.36	93	3,619		D	
Common	Stock			02/15/2	024				F ⁽²⁾		1,022	D	\$13	6.36	92	2,597		D	
Common	Stock			02/15/2	024				F ⁽³⁾		1,860	D	\$13	6.36	90	0,737		D	
Common	Stock															94			By Spouse
		Tal	ble II ·								osed of, c				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Derivative Security (In 3 and 4)			nt of ties lying tive ty (Instr.	Der Sed (Ins	rivative curity Security Str. 5) Benefic Owned Follow Report	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 4, 2021. This is authorized in the applicable restricted stock award agreement.
- 2. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 3, 2022. This is authorized in the applicable restricted stock award agreement.
- 3. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on January 26, 2023. This is authorized in the applicable restricted stock award agreement.

Remarks:

/s/ Jason S. Frank (POA on file)

02/20/2024

** 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.