FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 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*  Wassmer Michael J  (Last) (First) (Middle)  1680 CAPITAL ONE DRIVE						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [ COF ]  3. Date of Earliest Transaction (Month/Day/Year) 02/15/2022								5. Relationship of Reporting Person(s) to Iss (Check all applicable)  Director 10% Ow  X Officer (give title Other (spelow)  President, Card				wner			
(Street) MCLEA (City)			22102 Zip)		4. If A	Amendi	ment, Da	ent, Date of Original Filed (Month/Day/Year)						6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				on		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Dat				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securities Beneficia Owned Fo		ties cially Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Pric	e		ea ction(s) 3 and 4)			(Instr. 4)				
Common Stock			02/15/2022					F <sup>(1)</sup>		1,691	D	\$15	58.89	3.89 76,072		D					
Common Stock				02/15/2022					<b>F</b> <sup>(2)</sup>		1,922	D	\$15	58.89	.89 74,150		D				
Common Stock			02/15/2022				2		2		F <sup>(3)</sup>		1,835	D	\$15	58.89 72,3		2,315	D		
Common	Stock														15		I		By Trust		
Common	Stock													26,120		5,120	I		By 2021 GRAT		
	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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	rice of ivative curity etr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Owne Form Direct or Ind (I) (Ins	(D) irect	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (	D)	Date Exercis	sable	Expiration Date	N O	Amour or Numbe of Shares	er							

## 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 January 31, 2019. 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 January 30, 2020. 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 February 4, 2021. This is authorized in the applicable restricted stock award agreement.

## Remarks:

/s/ Cleo Belmonte (POA on file) \*\* Signature of Reporting Person

02/17/2022

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.