FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 OMB Number: 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* LAWSON DAVID R						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
						[]								v (Officer (give title below)			Other (s	
(Last) (First) (Middle) 1680 CAPITAL ONE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/20/2004								Executive Vice President					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
MCLEAN VA 22102														X Form filed by One Reporting				1	
(City)	ity) (State) (Zip)													Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Day/Year)		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)			and Securitie Benefici Owned F		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct c r Indirect E	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ion(s)			Instr. 4)
Common Stock ⁽¹⁾ 01/2					0/2004				М		23,33	3 A	\$48	.54	79,	,176		D	
Common Stock ⁽¹⁾ 01				01/2	1/20/2004				S		23,33	3,333 D		69	55,843			D	
Common Stock ⁽¹⁾ 01/2				21/200	1/2004					18,33	3 A	\$49	.07	74,176			D		
Common Stock ⁽¹⁾ 01/21				1/200	1/2004					18,33	3 D	\$7	70	55,	843		D		
Common Stock														31,		,000		I 1	Lawson Family Trust
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. Deeme Execution I if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)		5. N of Deri Sec Acq (A) o Disp of (I	umber vative urities uired	6. Date Ex Expiration (Month/Da	ercis	able and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		nt 8. Pr Deriv Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	er					
Employee Stock Option (Right to Buy)	\$48.54	01/20/2004			M			23,333	10/18/200)1 1	10/18/2006	Common Stock	23,33	3	₿ 0	11,667	7	D	
Employee Stock Option (Right to	\$49.07	01/21/2004			М			18,333	12/13/200)1 :	12/13/2011	Common Stock	18,33	3 8	\$ 0	9,167		D	

Explanation of Responses:

1. This transaction was executed pursuant to a trading plan entered into by the Reporting Person on November 11, 2003 in accordance with Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.

Remarks:

By: Jean K. Traub (POA on file)

01/22/2004

** 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.