FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	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/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Dean Lia						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP COF									tionship of Reporting all applicable) Director Officer (give title		10% O		wner
(Last) 1680 CA	(Last) (First) (Middle) 1680 CAPITAL ONE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024									below) Pres, Banking &		below)	·
(Street) MCLEAN VA 22102				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Execu	eemed ution Date, h/Day/Year)		3. 4. Securitie Transaction Disposed (Code (Instr. 8) 5)					4 and Secu Bene		cially Following	Forr (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Trar		action(s) 3 and 4)			
Common Stock 03/1					.024				A ⁽¹⁾		13,163	A	\$(75,885 ⁽²⁾			D		
Common Stock 03/				03/11/2	2024				F ⁽³⁾		6,595	D	\$138	\$138.46		6 69,290		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)	if any	emed tion Date, n/Day/Year)	Code (8)	ransaction Code (Instr. i)		rative crities cired rosed) r. 3, 4	6. Date Exer Expiration D (Month/Day/		ate	3 and 4	nt of ties lying tive ty (Instr.	t		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)

Explanation of Responses:

- 1. These shares were earned pursuant to a performance share award agreement granted on February 4, 2021, as amended on November 2, 2023, based on the Company's Common Dividends + Growth of Tangible Book Value per Share and Adjusted ROTCE against a peer group of companies over a three-year performance period. These shares represent the number of shares paid out based on actual performance plus the dividend shares accrued under the same grant.
- 2. Includes shares acquired by the reporting person through the Company's Associate Stock Purchase Plan since the last reported transaction.
- 3. These shares were automatically withheld by the Company to satisfy the reporting person's tax obligation associated with the settlement of the performance shares. This share withholding was authorized in the performance share award agreement.

Remarks:

/s/ Jason S. Frank (POA on

03/13/2024

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.