Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nashington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response	e: 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

Name and Address of Reporting Person*     Sanjiv Yajnik					<u>CA</u>	2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP COF								Check	all app Direc	licable)	ng Person(s) to I 10% C Other		
(Last) 1680 CA	(Last) (First) (Middle) 1680 CAPITAL ONE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024								X	below		ancia	below)	` '
(Street)  MCLEA	Street) MCLEAN VA 22102				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	·				
(City)	(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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				y/Year) Execu		eemed ution Date, :h/Day/Year)				s Acquired (A) If (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transa	saction(s) r. 3 and 4)			(111341. 4)	
Common Stock 03/11/20					024			<b>A</b> <sup>(1)</sup>		22,097	A	\$	\$0		128,990		D		
Common Stock 03/11/20					024			F <sup>(2)</sup>		9,966	D	\$138	88.46 119		19,111 <sup>(3)</sup>		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)	Date, Transa				6. Date Expirat (Month	tion D		3 and 4	at of ties ying tive ty (Instr.	Der Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V (A) (D)		(D)	Date Exercisable		Expiration Date	:	or Number of Shares						

## **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. 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.
- 3. Includes shares acquired by the reporting person through the Company's Associate Stock Purchase Plan since the last reported transaction.

## Remarks:

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

03/13/2024

\*\* 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.