FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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* Haggerty Kaitlin 2. Date of Event Requirir Statement (Month/Day/Y 02/07/2022				3. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF]									
(Last) 1680 CAPITAL O	(First) NE DRIVE	(Middle)	_		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 1			uer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) MCLEAN (City)	VA (State)	22102 (Zip)			X Officer (give title below) Chief Human Resources		Other (specify below) es Officer		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Beneficially Owned													
				2. Amount Owned (In:	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock					5,528	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Day)		Date	Security (Instr. 4) Convers			4. Conversi or Exerci Price of	cise or Indirect (I) `		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Expiration Exercisable Date Title		Title		Amount or Number of Shares		tive ` ′					

Explanation of Responses:

Remarks:

Exhibit 24.1 - Power of Attorney - Haggerty

/s/ Cleo Belmonte (POA on file)

02/07/2022

** 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 5 (b)(v).

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.

^{**} 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.

POWER OF ATTORNEY

The undersigned hereby constitutes and appoints Matthew W. Cooper, Cleo Belmonte and Vernicka Shaw, each of them, as the true and lawful attorn

- 1. execute, for and on behalf of the undersigned, any and all statements and reports required or permitted to be filed by the undersigned, in
- 2. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such
- 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of bu
- 4. request and receive from any broker (i) periodic reports detailing the undersigned's retail holdings of the Company's securities held in I The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever This Power of Attorney revokes all prior Powers of Attorney submitted to the Company with respect to the matters expressed herein, and shall rule IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 12th day of January 2022.

/s/ Kaitlin Haggerty
Name: Kaitlin Haggerty

ACKNOWLEDGEMENT FOR POWER OF ATTORNEY

STATE OF Virginia)

)
CITY/COUNTY OF Fairfax)

The foregoing instrument was acknowledged before me this 12th day of January, 2022 by Kaitlin Haggerty. /s/ Dolly Grace Berens

(SEAL)

My commission expires 08/31/2024