#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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*  Berson Jory A						2. Issuer Name and Ticker or Trading Symbol  CAPITAL ONE FINANCIAL CORP [ COF ]											k all app Dired Offic	er (give title	g Pers	10% C	wner (specify	
(Last) (First) (Middle) 1680 CAPITAL ONE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2019											Chie					
(Street)  MCLEAN VA 22102  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	Forn	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
		Tabl	e I - No	n-Deri\	/ative	Se	curit	ies A	cqı	uired,	Dis	posed o	f, o	r Be	enefic	ially	Own	ed				
Date					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (I 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				1 and Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) oı (D)	r Pri	се		ansaction(s) str. 3 and 4)			(Insu. 4)	
Common Stock <sup>(1)</sup> 03/07/						2019				A		15,464	4	A		\$ <mark>0</mark>	88,984(2)			D		
Common Stock 03/07/										F <sup>(3)</sup>		6,975		D	\$8	31.28	82,009		D			
Common Stock																	6	,902 <sup>(4)</sup>		I	By 401(k)	
		Та										sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) if any Code (Institute (Month/Day/Year) 8)				Instr	n of Dei Sed Acd (A) Dis	posed D) str. 3, 4	E (I	Date Expiration  Date Expiration  Date Exercisal	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		of es ng re (Instr. : Amount or Number	Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe Di Oi (I)	0. Ownership orm: Oirect (D) or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. These shares were earned pursuant to an award of performance shares granted on February 4, 2016 based on the Company's Adjusted ROA 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.
- 4. Represents the reporting person's equivalent share ownership in the Company's 401(k) Plan, a unitized plan, as of the date of the latest transaction.

# Remarks:

Cleo Belmonte (POA on file) 03/11/2019

\*\* Signature of Reporting Person

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.