FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| STATEMENT OF CHANGE | S IN BENEFICIAL | . OWNERSHIP |
|---------------------|-----------------|-------------|

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|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Wassmer Michael J | | | | | | 2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF] | | | | | | | | | k all app Dired Offic | er (give title Other | | Owner (specify | | |
|--|---|------|-------------------------|----------|--|---|---|-------|---|------------------|--|---|-----------------------|--|---|---|---|-------------------|--|--|
| (Last) 1680 CA | (Last) (First) (Middle) 1680 CAPITAL ONE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/24/2019 | | | | | | | | | X Officer (give title officer) below) President, U.S. Card | | | | | |
| (Street) MCLEAT (City) | | A 2 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | /ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefi | cially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Sec Ber Ow | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A) c (D) | Pric | е | Trans | action(s) 3 and 4) | | | (111341.4) | | | |
| Common Stock ⁽¹⁾ 07/2 | | | | | /2019 | | | | S | | 8,212 | D | \$95 | \$95.03 ⁽²⁾ | | 84,679 | | D | | |
| Common Stock | | | | | | | | | | | | | | 15 | | I | | By Trust | | |
| | | Та | | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Executi Year) if any | on Date, | 4. Transa Code (8) | | tr. Derivative Securitic Acquires (A) or Dispose of (D) (Instr. 3, and 5) | | 6. Date Expirati (Month/ | ion Da /Day/Y | | 7. Title Amoun Securi Underl Deriva Securi and 4) | nt of ties ying | Deri Sec (Ins: | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. This transaction was executed pursuant to a trading plan entered into by the reporting person on May 10, 2019, in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$95.00 to \$95.04. Information regarding the number of shares sold at each price will be provided upon request.

Remarks:

Cleo Belmonte (POA on file) 07/24/2019

** 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.