FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549	Vashington,	D.C.	20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

	OMB APPROVAL									
OME	OMB Number: 3235-028									
Estir	Estimated average burden									
hour	s 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

1. Name and Address of Reporting Person* Golden Timothy P					2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP COF							(Chec	k all app Direc	onship of Reportir all applicable) Director Officer (give title		10% O			
(Last) 1680 CA	`	irst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								X	belov	<i>(</i>)	trolle	below)	эрсопу	
(Street) MCLEA	N V	A 2	22102		4. If <i>I</i>	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year))	6. Ind Line) X	Form	filed by One filed by Moon	e Repo	orting Pers	on
(City)	(S	state) (Zip)		<u> </u>	Check tl	nis box	to indi	cate that	a tran	tion Indi	ade pur	suant			uction or writt	en plar	n that is inte	nded to
		Table	l - No	n-Deriva	tive S	Secui	rities	Acc	quired	, Dis	posed of	, or B	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 ar					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D) Pri		rice	Transaction(s) (Instr. 3 and 4)				(matr. 4)
Common Stock 02/15/20						024					426	D	\$	136.36	5.36 20,301			D	
Common Stock 02/15/20						024					446	D	\$	136.36	36.36 19,85			D	
Common Stock 02/15/20					024				F ⁽²⁾		432	D	\$	136.36	19,423			D	
Common	Stock			02/15/2	024			F ⁽³⁾		569 D \$		\$	136.36	1	18,854		D		
		Та	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date (Month/Day/Year) ise	Execut		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		<u> </u>	Exerc	cisable and	7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

- 1. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 4, 2021. This is authorized in the applicable restricted stock award agreement.
- 2. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on February 3, 2022. This is authorized in the applicable restricted stock award agreement.
- 3. Represents the automatic withholding by the issuer to satisfy the reporting person's tax obligation associated with the vesting of restricted stock units granted on January 26, 2023. This is authorized in the applicable restricted stock award agreement.

Remarks:

/s/ Jason S. Frank (POA on file) ** Signature of Reporting Person

02/20/2024

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.