FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ons may contin tion 1(b).		d pursuant to Section 16(a) of the Securities Exchange Act of 1934								ho		hours per response: 0.5						
					_		. ,			mpany Act	of 194	40							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CAPITAL ONE FINANCIAL CORP [COF							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HAY LEWIS III													X Direc				Owner		
(Last) (First) (Middle)														Officer (give tit below)			Other below	r (specify v)	
1680 CAPITAL ONE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2006									•				
-					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)					
MCLEA	N VA	A 2	22102											X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (Zip)											Person				porting	
		Tabl	e I - No	on-Deriv	ative	Securi	ities Ac	quired	l, Dis	sposed o	f, or	Ber	neficia	lly Owne	ed				
D D		(Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securitie Transaction Code (Instr. 8) 5,		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 and	Beneficially Owned Following		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)) or	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock			12/01/2006				A	\vdash	188	1	A	(1)	5,610			D			
Common Stock													1,6	1,618		I	By Hay Family Limited Partnership		
		Та	ıble II -							osed of, convertib				/ Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		on Date,	Transaction Of Code (Instr. 8) Se Ac (A) Dis		. Number f verivative ecurities cquired A) or visposed f (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		,	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securities Securities Beneficial Owned Following Reported Transacti		ve es ially ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. Pursuant to the terms and conditions of the Agreement and Plan of Merger, dated as of March 12, 2006 (the "Merger Agreement"), between Capital One Financial Corporation ("Capital One") and North Fork Bancorporation Inc. ("North Fork"), at the effective time of the merger on December 1st, 2006, each outstanding share of North Fork common stock was converted into the right to receive either \$28.144 in cash or 0.3692 of a share of Capital One common stock, at the election of each North Fork stockholder and subject to proration as described in the Merger Agreement. The amounts of Capital One common stock disclosed were received by the reporting person in consideration for his North Fork holdings.

Exercisable

12/05/2006 /s/ Polly A. Nyquist (POA)

(Instr. 4)

** Signature of Reporting Person Date

Amount Number

Shares

Expiration

Date

Title

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).

Code ν

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.

(Instr. 3, 4 and 5)

(A) (D)