Barry Anthony S. Form 3 March 19, 2019			
FORM 3 UNITED STA	TES SECURITIES AN	D EXCHANGE COMMISS	OMB APPROVAL
	Washington, I	OMB 3235-0104 Number:	
INITIAL S	F Expires: January 31, 2005		
Filed pursuan Section 17(a) of 3	Estimated average burden hours per 034, response 0.5		
(Print or Type Responses) 1. Name and Address of Reporting	2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Tradi	c .
Person <u>*</u> Barry Anthony S.	(Month/Day/Year)	Capitol Federal Financial, Inc	c. [CFFN]
(Last) (First) (Middle)	03/01/2019	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
CAPITOL FEDERAL FINANCIAL, 700 SOUTH		(Check all applicable)	
KANSAS AVENUE, SUITE 517 (Street)		Director10% Owner XOfficerOther (give title below) (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line)

# TOPEKA, KSÂ 66603

(City)	(State)	(Zip)	Table I - Non-Deriva	tive Securiti	ies Beneficially Owned
1.Title of Sec (Instr. 4)	urity		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common S	tock		2,013.018	D	Â
Reminder: Re		e line for each class of sec	curities beneficially	SEC 1473 (7-02	2)

EVP, Corporate Services

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

> 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 control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

Person

Reporting Person

\_X\_ Form filed by One Reporting

\_\_\_\_ Form filed by More than One

### Edgar Filing: Barry Anthony S. - Form 3

Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Barry Anthony S. CAPITOL FEDERAL FINANCIAL 700 SOUTH KANSAS AVENUE, SUIT TOPEKA, KS 66603	E 517	Â	Â	EVP, Corporate Services	Â		
Signatures							
/s/ Cara J. Puglisi as Attorney-in-fact	03/19/2	2019					
**Signature of Reporting Person	Date	•					
<b>Explanation of Respon</b>	ses:	1					

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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### **Remarks:**

## Exhibit 24 -- Power of Attorney of Anthony S. Barry

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.