## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average I | hurdon    |  |  |  |  |  |  |  |  |

| Estimated average burden |     |
|--------------------------|-----|
| hours per response:      | 0.5 |

|                          | ss of Reporting Perso | n*    | 2. Issuer Name <b>and</b> Ticker or Trading Symbol VISTEON CORP [VC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                     |                |  |  |  |
|--------------------------|-----------------------|-------|--|---|-------------------------------------|----------------|--|--|--|
| <u>Maguire Joanne M</u>  |                       |       |  | X   | Director                            | 10% Owner      |  |  |  |
|                          |                       |       |  |   | Officer (give title                 | Other (specify |  |  |  |
|                          |                       |       | 3. Date of Earliest Transaction (Month/Day/Year)                     |   | below)                              | below)         |  |  |  |
| VISTEON COR              | PORATION              |       | 06/07/2018   |   |                                     |                |  |  |  |
| ONE VILLAGE CENTER DRIVE |                       |       |  |   |                                     |                |  |  |  |
|                          |                       |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)             | 6. Individual or Joint/Group Filing (Check Applicable                   |                                     |                |  |  |  |
| (Street)                 |                       |       |  | Line)   | Farma file d has One Damant         | in a Demon     |  |  |  |
| VAN BUREN                | MI                    | 48111 |  | X   | Form filed by One Report            | ·              |  |  |  |
| TOWNSHIP                 | 111                   | 40111 |  |   | Form filed by More than C<br>Person | One Reporting  |  |  |  |
|                          |                       |       |  |   |                                     |                |  |  |  |
| (City)                   | (State)               | (Zip) |  |   |                                     |                |  |  |  |

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 3.<br>Transa<br>Code (<br>8) |   | Disposed Of | ed Of (D) (Instr. 3, 4 and<br>Beneficially<br>Owned Following (I) (Instr. |       | es Form: Direct of Indirect ally (D) or Indirect Beneficia Ownershi (I) (Instr. 4) (Instr. 4) |  |          |
|---------------------------------|--|------------------------------|---|-------------|---|-------|---|--|----------|
|                                 |  | Code                         | v | Amount      | (A) or<br>(D)   | Price | <ul> <li>Reported<br/>Transaction(s)<br/>(Instr. 3 and 4)</li> </ul>                          |  | (1150.4) |

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | n of |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---|---|--|---|------------------------------|---|------|-----|--|--------------------|--|--|---|--|--|--|
|   |   |  |   | Code                         | v | (A)  | (D) | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |
| Restricted<br>Stock<br>Units                        | (1)   | 06/07/2018                                 |   | A                            |   | 822  |     | (1)  | (1)                | Common<br>Stock  | 822                                    | \$127.725   | 4,895  | D  |  |

#### Explanation of Responses:

1. These Restricted Stock Units were credited to my account, without payment by me, under the Company's Non-Employee Director Stock Unit Plan. Each Restricted Stock Unit will be converted and distributed to me, without payment, in stock or cash following the termination of board service and based upon the then current market value of a share of Visteon common stock.

#### **Remarks:**

Heidi A. Sepanik, Secretary, Visteon Corporation, on behalf 06/11/2018 of Joanne M. Maguire

\*\* 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.