FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT	OF CHANGES IN	BENEFICIAL	OWNERSHIP

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

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* Vallance Robert R					2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]								neck all appl Direct V Office	k all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) VISTEON CORPORATION ONE VILLAGE CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2021								below	Senior Vice President			
(Street) VAN BU TOWNS (City)	HIP M		48111 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Lir	e) X Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			
(City)	(5)	-		n Doriy	/ative	Soc	uritia	ne A.c	auirad	Die	nocod (of or Be	neficia	Ily Owne	d			
1. Title of Security (Instr. 3)			2. Transa Date	. Transaction Pate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amo Securit Benefic Owned	unt of ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Common Stock			03/15/2	.021(1)				М		494	A	(1)	17,067			D		
Common Stock 03/			03/15/2	021 ⁽²⁾		F		216 D		\$129.	25 16	16,851		D				
		Т	able II -								osed of converti			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,		Transaction Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Year		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	03/15/2021			М			494	(3)		03/15/2023	Common Stock	494	(1)	989		D	

Explanation of Responses:

- 1. Each Restricted Stock Unit, which is the economic equivalent of one share of Visteon common stock, automatically vested on March 15, 2021 and was converted and paid to me in common stock without any election or action on my part. The value of each share was based on the fair market value of Visteon common stock as of March 15, 2021.
- 2. These shares were withheld by Visteon to satisfy income tax withholding obligations arising in connection with the vesting of certain Restricted Stock Units. The value of each share was based on the fair market value of Visteon common stock as of March 15, 2021.
- 3. Restricted Stock Units vest to the extent of 33% of the units granted on the following March 15th of each year after the date of grant. Each Restricted Stock Unit will be converted and distributed to me, without payment, in stock upon vesting and based upon the then current market value of a share of Visteon common stock, subject to tax withholding.

Remarks:

Heidi A. Sepanik, Secretary, 03/17/2021 Visteon Corporation on behalf of Robert R. Vallance

** 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.