FORM 4

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

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* JOHNSTON MICHAEL F						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) VISTEON CORPORATION 290 TOWN CENTER DRIVE, 10TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2004											X Officer (give title below) President & COO					
(Street) DEARB	EARBORN MI 48126				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deriv	ative	Se	curities	s Ac	quire	d, D	isp	osed c	of, or E	ene	ficiall	y Owned	ı				
1. Title of Security (Instr. 3) 2. Trans Date (Month/							2A. Deemo Execution if any (Month/Da	Code (Insti			Disposed	ties Acquired (A) d Of (D) (Instr. 3, 4		A) or 3, 4 and	5. Amou Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
												Amount	(A)	or	Price	Reported Transact (Instr. 3 a	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock																459	459,332		D		
Common Stock																25	4 ⁽¹⁾		I	By Company Plan	
		7	Table II -	Derivat (e.g., p	tive S	Sec cal	urities ls, warr	Acqı ants	uired, , opti	Dis	po , co	sed of, onverti	, or Be	nefi curit	cially ies)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr 8)			tive ties ed sed	6. Date Exercis Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable		xpiration ate	Title	or Nu of	ımber						
DCP Visteon Stock Fund Units	(2)	06/01/2004			A		435 ⁽²⁾		(2)			(2)	Commo Stock	n	253	(2)	81,68	3	D		
SPP Visteon Stock	(3)								(3)			(3)	Commo	n	916		1,573	3	D		

Explanation of Responses:

- 1. These shares, or units representing shares, were acquired under the Visteon Investment Plan and reported to me in my most recent plan statement.
- 2. These Visteon Stock Fund Units result from dividend equivalents credited to my account by the Company, without payment by me, under the Company's Deferred Compensation Plan. In general, these Visteon Stock Fund Units will be converted and distributed to me, without payment, in cash, after termination of employment, based on the then current price of a Visteon Stock Fund Unit and the then current
- 3. These Visteon Stock Fund Units were credited to my account by the Company, without payment by me under the Company's Savings Parity Plan, and were included in my most recent plan statement. In general, these Visteon Stock Fund Units will be converted and distributed to me, without payment, in cash following termination of employment, based on the then current price of a Visteon Stock Fund Unit and the then current market value of a share of common stock.

Remarks:

Units

Heidi A. Diebol-Hoorn, Assistant Secretary, Visteon Corporation on behalf of

06/03/2004

Michael F. Johnston

** 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.