FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number: 3235-01									
Estimated average burden									
hours per response	e: 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

	of Section Softy of the investment Company Act of 1340											
1. Name and Address of Reporting Person* COCROFT DUNCAN 2. Date of Event Requiring Statement (Month/Day/Year) 10/18/2010			nent	3. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VSTO]								
	(First) (Middle) EON CORPORATION			Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(5. If Amendment, Date of Original Filed (Month/Day/Year)				
ONE VILLAGE CENTER DRIVE						Officer (give title below)	Other (spe	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) VAN BUREN TOWNSHIP	MI	48111								y One Reporting Person y More than One erson		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities owned.						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secu				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Titl	e	Amount or Number of Shares	Derivativ Security				

Explanation of Responses:

Remarks:

Heidi A. Sepanink, Secretary,

<u>Visteon Corporation on behalf</u> <u>10/26/2010</u>

of Duncan H. Cocroft

** 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 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).

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.