FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	JVAL						
OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sec	tion 30(h) of the	e Investn	ent C	om	pany Act	of 19	940							
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Bilolikar Sunil K			1 101									Direct	or		10% Ov	vner			
(1+)	/=	:4)	(A.4:-I-II-X										4	X Office below	r (give title)		Other (s below)	specify	
(Last) (First) (Middle) VISTEON CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2019							Senior Vice President								
ONE VI	LLAGE CE	ENTER DRIVE																	
(Street)					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
VAN BU	N/	п .	48111											•	filed by One	e Rep	orting Perso	n	
TOWNS	HIP													Form Perso		re tha	n One Repo	rting	
(City)	(S	tate)	(Zip)																
		Tab	le I - Noi	n-Deriv	ative S	ecurities A	cquire	d, Di	sp	osed o	of, c	r Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Transaction Disposed Of (D) (Instr. 3, 4				4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership							
						Cod	e v		Amount		(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 03/04/				2019(1)		М			417		A	(1)	(1) 3,909			D			
Common Stock 03/04/				2019 ⁽²⁾)19 ⁽²⁾				165 D		D	\$86.4	12 3	3,744		D			
		T				curities Acc								Owned					
				(e.g., p	uts, cal	ls, warrant	s, opti	ons,	CC	onverti	ble	securi	ties)						
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transactio Code (Inst 8)				е	Amount of				8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

(1)

1. Each Restricted Stock Unit, which is the economic equivalent of one share of Visteon common stock, automatically vested on March 4, 2019 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 4, 2019.

Date

Exercisable

(3)

ν Code

M

(A) (D)

417

Expiration

03/04/2019

Title

Stock

Date

- 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 4, 2019.
- 3. Restricted Stock Units vest to the extent of 33% of the units granted each year following the first annivesary of the date of grant until the third anniverary of the date of grant. Each Restricted Stock Unit will be converted and distributed to me, without payment, in cash or stock at the election of Visteon, upon vesting and based upon the then current market value of a share of Visteon common stock, subject to tax withholding

Remarks:

Restricted

Stock

Heidi A. Sepanik, Secretary, Visteon Corporation on behalf 03/06/2019 of Sunil K. Bilolikar

(1)

** Signature of Reporting Person Date

Amount Number

Shares

417

0

D

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).

03/04/2019

** 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.