#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

#### 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

	nd Address of Peter M	Reporting Person*					Name EON			r Tradir VC ]	ng S	ymbol			(Ch	eck all a Dir	nip of Repo oplicable) ector cer (give ti	0	erson(s) to Iss 10% Ov Other (s	wner
	N CORPO	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/29/2014											v.P. & C	below) l Counsel		
(Street) VAN BU TOWNS (City)	HIP M		48111 (Zip)		4. I	f Ame	endmen	t, Date	of Ori	iginal Fi	iled	(Month/D	ay/Year)		Line	e) <mark>X</mark> Foi Foi	m filed by	One Re	ng (Check Ap porting Perso an One Repo	on
		Tab	le I - Noi	n-Deriv	/ative	e Se	curiti	es Ac	guir	red, D	isp	osed o	of, or E	ene	ficial	ly Owr	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			action	ar) i	2A. Deer Execution	A. Deemed xecution Date,		3. 4. Secu Transaction Dispos Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Ar Secu Bene Own	nount of rities ficially ed Followir	Fo (D)	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										ode V	,	Amount	(A) (D)	or	Price		saction(s) : 3 and 4)			(Instr. 4)
Common Stock 10/29/2					/2014	:014(1)				М		472 <i>I</i>			(1)	847			D	
Common Stock 10/29/2				/2014				F		150	I	)	\$93.2	28 697			D			
		Т	able II -									sed of onverti				Owne	d			
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/Day	Date,	4. Transa Code ( 8)		n of l		Expira	te Exerc ration Da th/Day/\	ate		nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Derivative Security (Instr. 5)	derivat Securi Benefi Owned Follow Report	ive ties cially ing ed ction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration ite	Title	or No of	umber	per				
Restricted Stock	(1)	10/29/2014 <sup>(1)</sup>			M			472	(	(3)	10	/29/2015	Common Stock	1	472	(1)	4	72	D	

### **Explanation of Responses:**

- 1. Each Restricted Stock Unit, which is the economic equivalent of one share of Visteon common stock, automatically vested on October 29, 2014 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 October 29, 2014.
- 2. The 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 October 29, 2014.
- 3. Restricted Stock Units vest to the extent of 33% of the units granted each year following the first anniversary of October 29, 2012 until the third anniversary of such date. Each Restricted Stock Unit will be converted and distributed to me, without payment, in stock (or cash at the election of Visteon), subject to tax withholding

# Remarks:

Heidi A. Sepanik, Secretary, Visteon Corporation, on behalf 10/31/2014 of Peter M. Ziparo

\*\* 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.