FORM 4

obligations may continue. See

Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

Name and Address of Reporting Person* GOTTSCHALK MARLA C					2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]											neck all a	ationship of Reporting all applicable) Director		10% Ow		wner		
(Last) (First) (Middle) THE PAMPERED CHEF					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2004												ffice elow)	r (give title)		Other (below)	specify		
ONE PAMPERED CHEF LANE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON IL	,	60101														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																				
		Tab	le I - Non	-Deriv	ative	Se	curitie	es A	cqu	ired, I	Disp	osed	of, or	Ben	eficia	lly Ow	ne	d					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Yea			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			I (A) or . 3, 4 an	S, 4 and See Be		. Amount of ecurities eneficially wned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									ĺ	Code V		Amoun	t	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock																6,000			D			
		Т	able II - I	Derivat e.g., p	ive S uts, c	ecu calls	ırities s, war	Acc	uir s, o	ed, Di ption:	spo s, co	sed of	f, or E ible s	enef ecuri	icially ities)	/ Own	ed						
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. Transactior Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Derivat Securit (Instr. 5	ive y	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct or Indi (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Co		Code	v	(A)	Dat (D) Exe		e ercisable		piration ate	Title	O N O	umber										
DCP Visteon Stock Units	(1)	12/31/2004			A		38			(1)		(1)	Comn		38	\$9.83	3	6,294		D			
DCP Visteon Stock	(2)	12/31/2004			A		890			(2)		(2)	Comm		890	\$9.83	3	7,184		D			

Explanation of Responses:

- 1. These Visteon Stock Units result from automatic reinvestment of cash dividends payable on Visteon Stock Units in my account and were credited to my account by the Company, without payment by me, under the Company's Deferred Compensation Plan for Non-Employee Directors. In general, these Visteon Stock Units will be distributed to me, without payment, in shares of Common Stock, on January 15th of the year following termination of board service, based upon the then current market value of a share of Common Stock.
- 2. In general, these Visteon Stock Units will be converted and distributed to me, without payment, in shares of Common Stock, on January 15th of the year following termination of board service, based upon the then current market value of a share of Common Stock.

Remarks:

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

01/04/2005

** 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.