FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT O	F CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* GOTTSCHALK MARLA C						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]									heck a	onship all appli Directo	cable)	g Pei	rson(s) to Iss 10% O			
	MPERED C	ŕ	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004									Officer below)	r (give title)		Other (below)	specify				
———	MIPERED (TEF LAINE			4. If a	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)	(Si	tate) ((Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				2. Trans Date (Month/I		ar) l	2A. Deemed Execution Dat if any (Month/Day/Ye		<i>'</i>		Transaction Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3,			id S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amoun		(A) or (D) Prid		Report Transa (Instr. :		tion(s)			(Instr. 4)	
Common	Stock															6,	6,000		D			
		T	able II - I (Derivat e.g., pi												y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Grice of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)		Date,	4. Transaction Code (Instr 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			Deriv Secu	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Insi	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		piration te	Title	0 N 0	umber							
DCP Visteon Stock Units	(1)	06/30/2004			A		20			(1)		(1)	Comn		20	\$11	1.88	4,171		D		
DCP Visteon Stock	(2)	06/30/2004			A		778			(2)		(2)	Comn		778	\$13	1.88	4,949		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

07/01/2004

** 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.