FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* QUIGLEY WILLIAM G III						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
	(First CORPORA	ATION		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2007							below)		below)				
ONE VILLAGE CENTER DRIVE (Street) VAN BUREN TOWNSHIP MI 48111					4. If	f Ame	ndment, Da	ate of	f Original Filed	I (Month/Day	Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (.	Zip)														
		Tak	ole I - Nor	n-Deriv	vativ	e Se	curities	Aco	quired, Di	sposed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Tran- Date (Month					Execu Day/Year) if any		Execution if any	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			5. Amount Securities Beneficial Owned Fo	ly (I	Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar			(Instr. 4)	
									uired, Disp , options,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	1(5)		
Restricted Stock Units	(1)	02/26/2007			A		25,577		12/31/2009	12/31/2009	Common Stock	25,577	\$0.00	25,577	D		
Employee Stock Option (right to buy)	\$8.98	02/26/2007			A		55,240		(2)	02/25/2014	Common Stock	55,240	\$0.00	55,240	D		
Stock Appreciation Right	\$8.98	02/26/2007			A		55,240		(3)	02/25/2014	Common Stock	55,240	\$0.00	55,240	D		
Stock Appreciation Right	\$8.98	02/26/2007			A		100,000		02/26/2009	02/25/2014	Common Stock	100,000	\$0.00	100,000	D		

Explanation of Responses:

- 1. Each Restricted Stock Unit will be converted and distributed to me, without payment, in cash on March 1, 2010, based upon the then current market value of a share of Visteon common stock on the vesting date, subject to tax withholding.
- 2. The option is exercisable to the extent of 33% of the shares optioned on January 1, 2008, 66% on January 1, 2009 and in full on January 1, 2010.
- 3. The stock appreciation rights are exercisable to the extent of 33% of the rights granted on January 1, 2008, 66% on January 1, 2009 and in full on January 1, 2010.

Remarks:

Heidi A. Sepanik, Secretary, 02/28/2007 Visteon Corporation on behalf of William G. Quigley III

** 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.