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

1. Name and Address of Reporting Person* BURKE THOMAS ANDREW						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]									neck all app Dired	ctor		10% O	wner	
(Last) (First) (Middle) VISTEON CORPORATION 17000 ROTUNDA DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2004										Officer (give title below) Vice I		Other (below) <mark>lent</mark>	specify	
(Street) DEARBO	ORN M	I .	48120 (Zip)		4. 11	If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) X Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	ative	Sec	curiti	es Ad	cquired	, Dis	posed	of, o	r Ber	neficia	lly Own	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date,			3. 4. Sec Transaction Dispo Code (Instr. 5)			cquire	d (A) or r. 3, 4 and	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	Ownership		
						Code	v	Amount	(A) or (D)		Price	Report Transa (Instr.	ed ction(s) 3 and 4)			(Instr. 4)				
Common Stock				02/11/2004					D ⁽¹⁾		3,43	4 D		\$0	2	24,980		D		
Common	Stock			02/11	/2004				F		395		D	\$11.3	4 24,585			D		
Common Stock														9	969(2)		I	By Company Plan		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, I urity or Exercise (Month/Day/Year) if any				4. Transa Code (8)		n of		6. Date E: Expiratio (Month/D	n Date	of Securities		s Security	8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	(3)								(3)		(3)	Com Sto		62,527		62,52	7	D		
SPP Visteon Stock Fund Unit	(4)								(4)		(4)	Com		260		443		D		

Explanation of Responses:

- 1. These shares were forfeited pursuant to the terms of the Company's 2000 Incentive Plan and applicable financial performance criteria.
- 2. These shares, or units representing these shares, were acquired under the Visteon Invesment Plan and reported to me in my most recent plan statement.
- 3. The option is exercisable to the extent of 33% of the shares optioned after one year from the date of grant, 66% in two years and in full after three years.
- 4. These Visteon Stock Fund units were credit to my account, without payment by me, under the Company's Savings Parity Plan, and were reported to me in my most recent plan statement. In general, these Visteon Stock Fund units will be converted and distributed to me, without payment, in cash following termination of employment, based on the then current price of a Visteon stock fund unit, and the then current market value of a share of Visteon common stock.

Remarks:

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

02/13/2004

Date

Thomas A. Burke

** Signature of Reporting Person

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.