(Last)

(Street)
NEW YORK

(City)

399 PARK AVENUE 16TH FLOOR

(First)

NY

(State)

1. Name and Address of Reporting Person*

MORGAN DONALD E III

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL							
1								
1	OMB Number:	3235-0104						
	Estimated average burden							
	hours per response:	0.5						

				•	SECURITIES				hours per	response:	0.5	
					16(a) of the Securities Exchange A of the Investment Company Act of 1							
Brigade Leveraged Capital Requiring (Month/Da			2. Date of Event Requiring Staten (Month/Day/Year 04/29/2010		3. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VSTNQ.PK]							
(Last) (First) (Middle) C/O OGIER FIDUCIARY SVCS (CAYMAN) LTD					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)			If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check				
89 NEXUS WAY, CAMANA BAY (Street) GRAND CAYMAN E9 KY1-9007						,		Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person				
(City)	(State)	(Zip)										
			Table I - Non	-Deriva	tive Securities Beneficial	ly Owned						
1. Title of Secu	rity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	cṫ (D) (4. Natur (Instr. 5)		Beneficial Owner	rship	
Common Sto	ck, \$1.00 par	value			3,350,000	D ⁽¹⁾						
Common Sto	ck, \$1.00 par	value			3,350,000	I	By Brigade Leveraged Capita Structures Fund Ltd ⁽²⁾					
		(1			ve Securities Beneficially ants, options, convertible		s)					
1. Title of Deriv	ative Security	(Instr. 4)	2. Date Exerc Expiration Da (Month/Day/	ate	3. Title and Amount of Secur Underlying Derivative Securi		4. Conversion or Exercise		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	on Title	Amount or Number of Shares	Derivative		Direct (D) or Indirect (I) (Instr. 5)			
	ddress of Report	ing Person* apital Structures	s Offshore									
	(First) FIDUCIARY WAY, CAMAI	(Midd SVCS (CAYMAN) NA BAY										
(Street) GRAND CAYMAN E9 KY1-9007												
(City)	(State)	(Zip)										
	ddress of Report	ting Person*	NT, LLC									

(Middle)

10022

(Zip)

(Last)	(First)	(Middle)					
C/O BRIGADE CAPITAL MANAGMENT, LLC							
399 PARK AVENUE, 16TH FLOOR							
(Street)	NINZ	10022					
NEW YORK	NY	10022					
(City)	(Stata)	(7in)					
(City)	(State)	(Zip)					

Explanation of Responses:

1. These securities are owned by Brigade Leveraged Capital Structures Fund Ltd. (the "Fund"), which is a Reporting Person.

2. The reported securities are directly owned by the Fund and may be deemed beneficially owned by Brigade Capital Management, LLC, the investment manager of the Fund (the "Investment Manager") and Donald E. Morgan III, the managing member of the Investment Manager. Mr. Morgan and the Investment Manager disclaim beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Brigade Leveraged Capital
Structures Fund Ltd., By: /s/
Brigade Capital Management,
LLC, its Investment Manager,
By: /s/ Donald E.Morgan, III,
Managing Member
Brigade Capital Management,

LLC, By: /s/ Donald E. Morgan, III, Managing

05/07/2010

Member

<u>/s/ Donald E. Morgan, III</u> <u>05/07/2010</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).