FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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*  Wilson Harry James  2. Date of Event Requiring Statement (Month/Day/Year) 07/28/2011			nent	3. Issuer Name and Ticker or Trading Symbol VISTEON CORP [ VC ]								
(Last) VISTEON CC		(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) VAN BUREN TOWNSHIP	GE CENTER D	48111				Officer (give title below)	Other (sp below)	ecify		cable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
No securities o	wned.					0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secu Underlying Derivative Secu		ity (Instr. 4) Conv		rcise	5. Ownership Form:	(Instr. 5)			
			Date Exercisable	Expiratio Date	n Titl	e	Amount or Number of Shares	Price of Derivation Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

Heidi A. Sepanik, Secretary,

Visteon Corporation on behalf 08/01/2011

of Harry J. Wilson

\*\* 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 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).

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.