| SEC | Form | 4 |
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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) |
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| 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

| OMB APPF | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | urden |

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--------------|----------|---|---|-----------------------------------|------------------|--|--|
| <u>JUIAPPER</u> | CHARLES L | | | X | Director | 10% Owner | | |
| p | | | | | Officer (give title | Other (specify | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| VISTEON COR | PORATION | | 09/29/2006 | | | | | |
| ONE VILLAGE | CENTER DRIVE | | | | | | | |
| (Chur at) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing (| Check Applicable | | |
| (Street) VAN BUREN | | | | X | Form filed by One Repor | ting Person | | |
| TOWNSHIP | MI | 48111 | | | Form filed by More than Person | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | ution Date, Transaction I Code (Instr. ! | | | | | 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 | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| DCP Visteon Stock Units | (1) | 09/29/2006 | | A | | 2,885 | | (1) | (1) | Common Stock | 2,885 | \$8.23 | 70,911 | D | |

Explanation of Responses:

1. In general, these Visteon Stock Units will be converted and distributed to me, without payment, in shares of Common Stock, following termimation of board service, based upon the then current market value of a share of Common Stock.

Remarks:

Heidi A. Sepanik, Secretary, Visteon Corporation, on behalf <u>10/03/2006</u> of Charles L. Schaffer

** 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.