SEC Form	n 4																		
I	FORM 4	ιι	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
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											SHIP	Estim		er: verage burde sponse:	3235-0287 n 0.5
1. Name and Address of Reporting Person* <u>Vallance Robert R</u>						2. Issuer Name and Ticker or Trading Symbol <u>VISTEON CORP</u> [ VC ]									eck all applic Directo	able)	,		uer wner specify
(Last)(First)(Middle)VISTEON CORPORATIONONE VILLAGE CENTER DRIVE						A below)										enior Vi	ce Pre	below)` esident	
(Street) VAN BUREN TOWNSHIP MI 48111					4. lf.	Line)										led by One led by Mo	int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting		
(City) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature													7. Nature of						
, , , ,  D				Date (Month/D	Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4		3, 4 and 5) Securiti Benefic Owned		ally ollowing	(D) o	r Indirect str. 4)	Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 01/31/2				2021(1	021 <sup>(1)</sup>			М	1,389			Α	(1)	16,780			D		
Common Stock 01/31/2					021 <sup>(2)</sup>				F		606			\$128.0	6 16,174			D	
		Та	able II -	Deriva (e.g., p	tive S uts, d	ecu alls	rities , wai	s Acqu rrants	uired, I , optio	Disp ns, d	osed of, convertil	or ble	Bene secui	ficially rities)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/E		4. Transaction Code (Instr 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	0		) Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s dly g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v		(D)	Date Exercisa		Expiration Date	Titl	ie	of Shares					

## Explanation of Responses:

(3)

1. Each performance right, which is the economic equivalent of one share of Visteon common stock, was converted and paid to me in common stock without any election or action on my part. The value of each share was based on the fair market value of Visteon common stock as of January 29, 2021, the next preceding trading day.

1,389

(3)

2. The shares were withheld by Visteon to satisfy income tax withhelding obligations arising in connection with the vesting of certain Performance Rights. The value of each share was based on the fair market value of Visteon common stock as of January 29, 2021, the next preceding trading day.

3. Each Performance Right represents a contingent right to receive one share of Visteon common stock. The Performance Rights vested based on relative total shareholder return over a three year performance period and were paid in stock at the election of the Company.

**Remarks:** 

Performance

Rights

Heidi A. Sepanik, Secretary, Visteon Corporation, on behalf 02/02/2021 of Robert R. Vallance

Common

Stock

01/31/2021

1,389

(3)

0

D

\*\* 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).

01/31/2021

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.