FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	2054

wasiiiigtori, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

	OMB Number:	3235-0287
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1	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* FOX STACY L (Last) (First) (Middle)					<u>VI</u>	Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC] In the symbol of the symb									k all applic Directo	,	g Perso	10% Ov Other (s below)	ner	
VISTEON CORPORATION 290 TOWN CENTER DRIVE, 10TH FLOOR				02/	02/11/2004										enior Vic					
(Street) DEARBORN MI 48126					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si		(Zip)	n Dovi			oviti	A				of or D	anafiai	المالية						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	ction 2A. Deemed Execution Date,		3. Trans Code	3. 4. Securit Transaction Disposed Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			nt of s illy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							(Code	v	Amount	(A) (D)	or Price	•	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common	Stock			02/11	/2004	2004		D ⁽¹⁾		10,6	69 Г	\$	0	103,113		D				
Common Stock 02/1			02/11	/2004	2004		F		1,22	.7 Г	\$11	.34	101,886		D					
Common Stock											3,8		45(2)		I (By Company Plan				
		1	Гable II -						. ,			f, or Be tible se		•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		tion of E		6. Date Ex Expiratio (Month/D	n Date		and 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code			Date Exercisal			Title	Amount or Number of Shares								
Employee Stock Option (right to buy)	(3)								(3)		(3)	Common Stock	136,79	93		136,79	3	D		
SPP Visteon Stock Fund Unit	(4)								(4)		(4)	Common Stock	864			1,474		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 Stacy

02/13/2004

L. Fox

** 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.