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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).	

## 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 APPROVAL OMB Number: 3235-0287

Estimated average burden		
hours per response:		0.5

1. Name and Addres	ss of Reporting Perso CHARLES L	n*	2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [ VC ]		tionship of Reporting Perse all applicable) Director	n(s) to Issuer 10% Owner	
(Last) (First) (Middle) VISTEON CORPORATION		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004		Officer (give title below)	Other (specify below)	
17000 ROTUNDA DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) DEARBORN	MI	48120		X	Form filed by One Repo Form filed by More than Person	0	
(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)	3. Transa Code ( 8)	ction	4. Securities / Disposed Of ( 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

### 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)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	Expiration Date (Month/Day/Year) rities irred r osed ) f. 3, 4			7. Title and Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	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)	09/30/2004		A		294		(1)	(1)	Common Stock	294	\$7.88	38,984	D	
DCP Visteon Stock Units	(2)	09/30/2004		A		2,538		(2)	(2)	Common Stock	2,538	\$7.88	41,522	D	

#### Explanation of Responses:

1. These Visteon Stock Units result from automatic reinvestment of cash dividends payable on Visteon Stock Units and were credited to my account by the Company, without payment by me, under the Company's Deferred Compensation Plan for Non-Employee Directors. In general, these Visteon Stock Units will be distributed to me, without payment, in shares of Common Stock, on January 15th of the year following termination of board service, based upon the then current market value of a share of Common Stock.

2. In general, these Visteon Stock Units will be converted and distributed to me, without payment, in shares of Common Stock, on January 15th of the year following termimation of board service, based upon the then current market value of a share of Common Stock.

**Remarks:** 

### Heidi A. Diebol-Hoorn,

Assistant Secretary, Visteon Corporation, on behalf of Charles L. Schaffer

10/01/2004

\*\* 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.