## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [ VC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KRAPEK KARL J														X Directo	or		10% Ov	vner		
(Last) (First) (Middle) VISTEON CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004								Officer below)	(give title		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 Reporting Person  Form filed by More than One Reporting Person							
(City) (State) (Zip)																				
		Tab	le I - Nor	า-Deriv	ative	Sec	curitie	s Ac	quired, D	ispo	sed o	of, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Code (Ins	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V	' A	mount	(A) or (D)		Transac	insaction(s) str. 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. Deeme Execution if any (Month/Da	Date,	4. Transac Code (Ir 8)		of		6. Date Exerc Expiration Da (Month/Day/	ate	e and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares							
DCP Visteon Stock Units	(1)	06/30/2004			A		63		(1)	(	(1)	Common Stock	63	\$11.88	15,686	5	D			
DCP Visteon Stock Units	(2)	06/30/2004			A		1,557		(2)	(:	(2)	Common Stock	1,557	\$11.88	17,243	3	D			

## **Explanation of Responses:**

- 1. These Visteon Stock Units result from automatic reinvestment of cash dividends payable on Visteon Stock Units in my account 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 termination 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 Karl

07/01/2004

J. Krapek

\*\* 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.