Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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Washington,	D.C.	20549	
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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 APF	PROVAL									
OMB Number:	3235-0287									
Estimated average	Estimated average burden									
hours per response	e: 0.5									

Name and Address of Reporting Person* Rouquet Jerome				2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [VC]									Relationship neck all appl Direct	cable) or	g Pers	10% Ov	vner	
(Last) VISTEON	(Fire	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								^ below	Officer (give title below) Senior Vice Pres		Other (s below) ent & CFC	`
ONE VILLAGE CENTER DRIVE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) VAN BUR TOWNSH	MI	4	8111												filed by Mo		One Repor	
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to the affirmative defense conditions of Rule 10b5-1(c). See Instruction						nt to a con	contract, instruction or written plan that is intended to satisfy						
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	es Ac	quired,	, Dis	posed o	f, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)			es Acquire Of (D) (Inst	d (A) or r. 3, 4 and	Benefic Owned	ies ially Following	Form (D) or	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02/15/2					2024(1)	024(1)		M		4,821	A	(1)	1	18,023		D		
Common Stock 02/15/2					2024 ⁽²⁾		F		2,153	D \$12		3 15,870		D				
		Ta									osed of, convertib			/ Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	Deemed cution Date,		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exerci Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e Over State of State	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares	1				
Performance	(3)	02/15/2024			M			4,821	(3)		01/31/2024	Common	4.821	(3)	0		D	

Explanation of Responses:

- 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 pursuant to the Performance Share Unit award made to me in 2021.
- 2. The shares were withheld by Visteon to satisfy income tax withholding obligations arising in connection with the vesting of certain Performance Rights.
- 3. Each performance right represents a contingent right to receive one share of Visteon common stock. The vesting of the performance right is based on relative shareholder return over a three year performance period ending December 31, 2023, and payable in stock, subject to tax withholding.

Remarks:

Heidi A. Sepanik, Corporate Secretary, Visteon Corporation 02/20/2024 on behalf of Jerome J. Rouquet

** 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.