Instruction 1(b)

FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: ES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  KILL JOHN F						2. Issuer Name and Ticker or Trading Symbol VISTEON CORP [ VC ]										ck all applic	ationship of Reporting all applicable) Director Officer (give title		10% Ov	vner	
	ast) (First) (Middle) ISTEON CORPORATION 7000 ROTUNDA DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2004										X Officer (give title Other (specify below)  Vice President					
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
DEARBORN MI 48120															X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(City) (State) (Zip)												Person								
		Tab	ole I - Noi	n-Deriv	ative	e Se	curities	s Ac	qui	ired, [	Disp	osed o	f, or Be	nefic	cially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Securitie Benefici Owned I		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									(	Code	v	Amount	(A) o	r <sub>Pr</sub>	ice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock																37,240		D			
Common Stock															96		55 <sup>(1)</sup>		I	By Company Plan	
		-	Table II -										or Ben ble secu			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/Day	Date,	4. Transactior Code (Instr. 8)		1 of			Date Exe piration onth/Day	Date	of Securities		ties Ig e Secu		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title	Amo or Num of Shai	ber						
Restricted Stock Units	(2)	05/12/2004			A		14,200	03/		/01/2007	0	3/01/2007	Common Stock	14,2	200	\$0	14,200		D		
Employee Stock Option (right to buy)	\$9.9	05/12/2004			A		31,400			(3)	0	5/11/2009	Common Stock	31,4	400	\$0	31,40	0	D		
SPP Visteon Stock Fund	(4)									(4)	T	(4)	Common Stock	38	34		656		D		

## **Explanation of Responses:**

- 1. These shares, or units representing these shares, were acquired under the Visteon Invesment Plan and reported to me in my most recent plan statement.
- 2. Each Restricted Stock Unit will be converted and distributed to me, without payment, in cash upon vesting and based upon the then current market value of a share of Visteon common stock, subject to tax
- 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 John

05/14/2004

\*\* 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.