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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subjec	t 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

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Estimated average burde	en	
hours per response:		0.5

1. Name and Address of Reporting Person* GOTTSCHALK MARLA C			2. Issuer Name and Ticker or Trading Symbol <u>VISTEON CORP</u> [VC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				X	Director Officer (give title	10% Owner Other (specify			
(Last) (First) (Middle) THE PAMPERED CHEF		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004		below)	below)			
ONE PAMPERED CHEF LANE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				X	Form filed by One Re	porting Person			
ADDISON	IL	60101			Form filed by More th Person	an One Reporting			
(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)	Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	(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)		(
Common Stock								6,000	D	

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)	tive ties red sed 3, 4	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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		37		(1)	(1)	Common Stock	37	\$7.88	4,987	D	
DCP Visteon Stock Units	(2)	09/30/2004		A		1,269		(2)	(2)	Common Stock	1,269	\$7.88	6,256	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 termimation of board service, based upon the then current market value of a share of Common Stock.

Remarks:

Heidi A. Diebol-Hoorn,

<u>Assistant Secretary, Visteon</u> <u>Corporation, on behalf of</u> <u>Marla C. Gottschalk</u>

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.