FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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)						
SCHAFFER CHARLES L				1	VISITEDIT CORE [VC]								X Directo	or		10% Ow	/ner		
(Last) VISTEO	t) (First) (Middle) TEON CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2004							Officer below)	(give title		Other (specify below)		
17000 ROTUNDA DRIVE					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	DEARBORN MI 48120												Lin	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	า-Deriv	ative	Sec	curities	s Ac	quired, D	ispos	ed o	of, or Be	neficia	ly Owne	t				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Code (Ins	on Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	An	nount	(A) o	Price	Reporte Transac (Instr. 3	ction(s)			(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)				6. Date Exercisab Expiration Date (Month/Day/Year)		Amou Secur Under Deriva		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares						
DCP Visteon Stock Units	(1)	03/31/2004			A		200		(1)	(1))	Common Stock	200	\$9.51	31,962		D		
DCP Visteon Stock Units	(2)	03/31/2004			A		1,997		(2)	(2))	Common Stock	1,997	\$9.51	33,960		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 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

04/02/2004

Charles L. Schaffer

** 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.