#### Edgar Filing: Lawande Sachin - Form 4

Lawande Sa	chin										
Form 4	• • • • •										
January 04,											
FORM	14 UNITE	το στλτές	SECUE	ITIES A	ND FX	сни	NGE C	OMMISSION		PPROVAL	
	UNIII			shington,			NGE C	01/11/11/05101	OMB Number:	3235-0287	
Check th				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20					January 31,	
if no lon		EMENT O	F CHAN	GES IN I	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
	subject to Section 16. SECURITIES							Estimated average burden hours per			
Form 4 c									response 0.5		
Form 5 obligatio		-					-	e Act of 1934,			
may con				•	•	· ·		1935 or Section	n		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type	Responses)										
(	F)										
1. Name and Address of Reporting Person <u>*</u> Lawande Sachin			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
							U				
			VISTE	ON CORP	P [VC]			(Chao	k all applicable	.)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chec	k all applicable	;)	
			(Month/D	ay/Year)				_X_ Director		Owner	
	CORPORATI		01/02/2	018				XOfficer (give below)	title Other below)	er (specify	
VILLAGE	CENTER DR	IVE						· · · · · · · · · · · · · · · · · · ·	O & President		
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filir	ng(Check	
				nth/Day/Year)	-			Applicable Line)	•		
								_X_ Form filed by C	One Reporting Pe fore than One Re		
VAN BUR								Person		porting	
TOWNSHI	P, MI 48111										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y	/	on Date, if	Transactio		-		Securities	Ownership	Indirect	
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(Ivionui)	Day/Tear)	(Instr. 0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(instr. 5 and 1)			
Common	01/02/2018			M <u>(1)</u>	2,500	А	\$ 62.76	8,595	D		
Stock							62.76				
Common	01/02/2018			<b>S</b> (1)	2,500	D	\$ 125	6,095	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

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# 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. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day.	Date	7. Title and Underlying (Instr. 3 and	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee stock option (right to buy)	\$ 62.76	01/02/2018		M <u>(1)</u>	2,500	(2)	06/28/2022	Common Stock	2,500

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Re		
FB	Director	10% Owner	Officer	Other
Lawande Sachin VISTEON CORPORATION ONE VILLAGE CENTER DRIVE VAN BUREN TOWNSHIP, MI 48111	Х		CEO & President	

### Signatures

Heidi A. Sepanik, Secretary, Visteon Corporation on behalf of Sachin S. Lawande 01/04/2018

<u>\*\*</u>Signature of Reporting Person

### **Explanation of Responses:**

- \* 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).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 15, 2017.
- (2) The option is exercisable to the extent of one third of the shares optioned after one year from the date of grant, two-thirds in two years and in full after three years.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date