## FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Title of	(e.g., puts, calls, warrants, options, convertible securities)           1. Title of         2.         3. Transaction         3A. Deemed         4.         5. Number         6. Date Exercisable and         7. Title and         8. Price of         9. Number of         10.         11. Nature																			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Common 02/12/20					021			A		12,116 <sup>(1)</sup>	A	<b>\$0.00</b>	000	54,603 <sup>(2)</sup>	D					
								Code	v	Amount	unt (A) or (D) F		Tra	isaction(s) tr. 3 and 4)		(1150.4)				
1. Title of Security (Instr. 3) Date (Month/Day					ansaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(City)		(Sta	te) (ž	Zip)											Person					
PHOEN	IX	AZ	8	5008											Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
5005 EAST MCDOWELL ROAD															541 0	Givi, 150				
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/12/2021								ow)		below)			
1. Name and Address of Reporting Person <sup>*</sup> Jatou Ross							2. Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ ON ]							heck all a Di	hip of Report pplicable) ector icer (give title	10% Owner				
							pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940													
Obligations may continue. See														hours per response: 0.5						

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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				

Explanation of Responses:

1. Restricted stock units approved on February 12, 2021 under the Issuer's Amended and Restated Stock Incentive Plan with a grant date of February 12, 2021 and with equal pro rata vesting over a 3-year period beginning on the first anniversary of the grant date. The award may only be settled in shares of the Issuer's common stock upon vesting and was for no consideration other than service as an executive officer of the Issuer.

2. Includes an aggregate of 273 shares acquired by the Reporting Person under the Issuer's Employee Stock Purchase Plan for the fiscal quarter ended December 31, 2020.

<u>/s/ Lauren C. Bellerjeau,</u> Attorney-in-Fact	02/17/2021

\*\* 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.