## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person*     Schromm William A.						2. Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ ON ]									Check al	ll app Direc	licable) tor	g Person	Person(s) to Issuer  10% Owner	
(Last) 5005 EA	(Fi		3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018									A	below	,	Other (specify below)  Operating Officer					
(Street) PHOENI (City)			35008 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Che Line)  X Form filed by One Reporting I Form filed by More than One Person									ng Pers	on					
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or	Bene	eficia	ally O	wne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				d 5)   S B O	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A (D	() or ()	Price	Ti	Transaction(s) (Instr. 3 and 4)				(111341.4)			
Common 03/					/2018				A		44,972 <sup>0</sup>	1)	A \$24		.46	649,154		D		
Common	Common 03/0					6/2018					7,063 <sup>(2</sup>	2)	D	\$25	.47 642,091		2,091	D		
		Та									sed of, onvertib				y Owr	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivat Securit (Instr. §	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	or Num of Shar	ber						

## **Explanation of Responses:**

- 1. Restricted stock units approved on February 14, 2018 under the Issuer's Amended and Restated Stock Incentive Plan with a grant date of March 5, 2018 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
- 2. This disposition transaction represents shares withheld by the Issuer in connection with the Reporting Person's 2017 restricted stock units award granted pursuant to the Issuer's Amended and Restated Stock Incentive Plan and related award agreement. On March 6, 2018, certain of these units vested. These shares are withheld to satisfy the Reporting Person's tax withholding obligations. The Issuer will pay these taxes on behalf of the Reporting Person.

Mark N. Rogers, Attorney-in-03/07/2018

**Fact** 

\*\* 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.