FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
-------------	------	-------	--

Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* GOPALSWAMY SUDHIR					Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ON] Jate of Earliest Transaction (Month/Day/Year)										all app Direc	licable) tor er (give title	g Person(s) to Is 10% Ov Other (s below)		wner		
(Last) 5701 NC	,	(First) (Middle) I PIMA ROAD				02/20/2024									50.01.	SVP & 0	GM, A	,			
(Street)	SDALE A	Z 8	85250					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applic ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to					
		Table	1 - No	on-Deriva	tive \$	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	ially	Own	ed					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			(Year) Executi		ution Date,		3. Transaction Code (Instr. 8)				and 5) Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		Transa	ported insaction(s) str. 3 and 4)			(Instr. 4)		
Common 02/20/2				02/20/20	024				F		1,450(1)	D	\$77	77.47 5		55,909		D			
Common 02/21/20					024				A		28,988(2)	A	\$0.0	0.0000		84,897		D			
Common 02/21/20					024				A		23,190(3)	A	\$0.0	000	00 108,087		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amoun Securi Underl Deriva Securi 3 and	nt of ties lying tive ty (Instr.	Deri Sec	rice of evative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		or Number of Shares								

Explanation of Responses:

- 1. Represents shares withheld to cover taxes due upon the vesting of restricted stock units.
- 2. Represents restricted stock units that will vest in three annual installments beginning on the third anniversary of the grant date, subject to the Reporting Person's continued employment through the applicable vesting date, with the potential to earn additional shares on each vesting date if applicable performance criteria are met.
- 3. Represents time-based restricted stock units that will vest in three equal annual installments beginning on the first anniversary of the grant date, subject to the Reporting Person's continued employment through the applicable vesting date.

/s/ Hope M. Spencer, 02/22/2024 Attorney-in-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.