# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES 

| OMB APPROVAL |
| :--- | ---: |
| OMB Number: <br> Estimated average burden <br> hours per response: |


| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Name and Address of Reporting Person* $\begin{aligned} & \text { MASCARENAS PAUL } \\ & \underline{\text { ANTHONY }} \end{aligned}$ | 2. Date of Event <br> Requiring Statement <br> (Month/Day/Year) <br> $11 / 19 / 2014$ |  | 3. Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ ONNN ] |  |  |  |  |  |
|  |  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  | 5. If Amendment, Date of Original Filed (Month/Day/Year) |  |  |
| (Last) (First) (Middle) |  |  | X Director | 10\% Owner |  |  |  |  |
| 5005 EAST MCDOWELL ROAD |  |  | Officer (give title below) | Other (specify below) |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |
| (Street) <br> PHOENIX AZ 85008 |  |  |  |  |  |  | Form filed by More than One Reporting Person |  |
| (City) (State) (Zip) |  |  |  |  |  |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned |  |  |  |  |  |  |  |  |
| 1. Title of Security (Instr. 4) |  |  | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |  |
| Common |  |  | 3,000 | D |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |  |  |  |  |  |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |  | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |  | 4. Conversion or Exercise Price of Derivative Security |  | 5. <br> Ownership Form: Direct (D) or Indirect <br> (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|  | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |  |  |  |  |  |  |  |

Explanation of Responses:

## Remarks:

George H. Cave is signing on behalf of the Reporting Person, pursuant to a Power of Attorney, attached hereto as an exhibit. mascarenas2014poa.txt

| $\underline{\text { George H. Cave, as Attorney }}$ - | $\underline{11 / 26 / 2014}$ |
| :--- | :--- |
| $\underline{\text { in-Fact }}$ | ** Signature of Reporting Person |$\quad$ Date

[^0]I hereby appoint Keith D. Jackson, Bernard Gutmann and George H. Cave, and each of them, attorney-in-fact for me, each with full power of substitution, to prepare, execute and deliver on my behalf reports required to be filed by me pursuant to Section 16 of the Securities Exchange Act of 1934, as amended ("Section 16"), and Rule 144 and Rule 145 under the Securities Act of 1933 (singly or collectively ("Rule 144")), and any and all related documents and instruments. Among other things, each attorney-in-fact is authorized to file original reports (either electronically or otherwise), signed by me or on my behalf, on Forms 3, 4 and 5, and Form 144 with the Securities and Exchange Commission, any and all related documents and instruments, and to provide any necessary copies of such signed forms, documents and instruments to The NASDAQ Stock Market and ON Semiconductor Corporation as required by the rules under Section 16 and Rule 144 as in effect from time to time.

This power of attorney is effective from the date hereof until April 15, 2015, unless earlier revoked or terminated.

Dated: November 13, 2014
/s/ PAUL MASCARENAS
Paul Mascarenas


[^0]:    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 5 (b)(v).
    ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. $78 \mathrm{ff}(\mathrm{a})$
    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.

