FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | 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*     Jatou Ross       |  |  |                                |                         |   | 2. Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ ON ] |  |  |         |  |           |                            |  |   | all app<br>Direc  | tor | ng Per   | 10% Ov                                | /ner |
|--|--|--|--------------------------------|-------------------------|---|--|--|--|---------|--|-----------|----------------------------|--|---|---|-----|--|---------------------------------------|------|
| (Last) 5701 NC   | (Fii   | ,  | Middle)                        |                         | 3. Date of Earliest Transaction (Month/Day/Year) 10/05/2023 |  |  |  |         |  |           |                            |  | X Officer (give title Other (specify below) SVP & GM, ISG   |   |     |  |                                       |      |
| (Street)   | (Street)   |  |                                |                         |   |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |         |  |           |                            |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |   |     |  |                                       |      |
| SCOTTS   | SDALE AZ   | Z 8  | 5250                           |                         |   |  |  |  |         |  |           |                            |  | Form filed by More than One Reporting<br>Person   |   |     |  |                                       |      |
| (City)   | (St  | ate) (2                                    | 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. |         |  |           |                            |  |   |   |     |  |                                       |      |
|  |  | Table                                      | I - No                         | n-Deriva                | tive S  | Secui  | rities   | Acq  | uired,  | Dis                                    | posed of  | , or B                     | enefic                                     | ially   | Own   | ed  |  |                                       |      |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |  |  |                                | Execu<br>y/Year) if any |   | Deemed<br>cution Date,<br>y<br>nth/Day/Year)                             |  |  |         | es Acquired (A)<br>Of (D) (Instr. 3, 4 |           | and Secur<br>Benef<br>Owne |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |      |
|  |  |  |                                |                         |   |  |  |  | Code    | v                                      | Amount    | (A) (D)                    | or Price                                   | rice Reported Transaction(s) (Instr. 3 and 4)   |   |     |  | (Instr. 4)                            |      |
| Common   |  |  |                                | 10/05/2                 | 2023  |  |  |  | F       |  | 1,786(1)  | D                          | \$88                                       | \$88.17 93,007 <sup>(2)</sup> D   |   |     | D  |                                       |      |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                                |                         |   |  |  |  |         |  |           |                            |  |   |   |     |  |                                       |      |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, Transaction of |                         |   |  | rities<br>ired<br>r<br>osed<br>)<br>: 3, 4               | Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (In: 3 and 4)   |         |  |           |                            | 8. Price of Derivative Security (Instr. 5) |   |   | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |      |
|  |  |  |                                |                         | Code V (A) (D)  |  | Date<br>Exercis  | able   | or Numb |  | Number of |                            |  |   |   |     |  |                                       |      |

## **Explanation of Responses:**

- 1. Represents shares withheld to cover taxes due upon the vesting of restricted stock units.
- 2. Includes an additional 66 shares that were acquired by the Reporting Person under the Issuer's Employee Stock Purchase Plan since his last Section 16 filing.

/s/ Hope M. Spencer, Attorney-in-Fact

10/09/2023

\*\* 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.