# SEC Form 4

Stock Options (right to

buy)

\$7.02

Explanation of Responses:

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|                                                     |                                                                       |                                            |                                                    |          | 01 3000                                                                       | on 30(h) of the                                                                                 | mvcoun                                                     |        | npui | 19 7 101 0 | 115                                                                                           |                                                           |                      |                                                                            |                                                                                                  |                                                                         |                    |                                                                    |  |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------|------|------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*            |                                                                       |                                            |                                                    |          | 2. Issuer Name and Ticker or Trading Symbol<br>ON SEMICONDUCTOR CORP [ ONNN ] |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |                                                                                                  |                                                                         |                    |                                                                    |  |
| HEITZMAN MICHAEL                                    |                                                                       |                                            |                                                    |          |                                                                               |                                                                                                 |                                                            |        |      | -          |                                                                                               | -                                                         |                      | Director                                                                   |                                                                                                  |                                                                         | 10% Ov             |                                                                    |  |
|                                                     |                                                                       |                                            |                                                    |          |                                                                               | 2 Date of Earliest Transaction (Month/Dou/Mart)                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      |                                                                            | give title                                                                                       |                                                                         | Other (s<br>below) | pecify                                                             |  |
| (Last) (First) (Middle)                             |                                                                       |                                            |                                                    |          | 3. Date of Earliest Transaction (Month/Day/Year)<br>02/05/2004                |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      | A below) below)<br>Vice President                                          |                                                                                                  |                                                                         |                    |                                                                    |  |
| 5005 E. MCDOWELL ROAD                               |                                                                       |                                            |                                                    |          |                                                                               |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      | vice riesident                                                             |                                                                                                  |                                                                         |                    |                                                                    |  |
| (Street)                                            |                                                                       |                                            |                                                    |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                      |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           | 6. Inc<br>Line)      | 6. Individual or Joint/Group Filing (Check Applicable Line)                |                                                                                                  |                                                                         |                    |                                                                    |  |
| PHOENIX AZ 85008                                    |                                                                       |                                            |                                                    |          |                                                                               |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           | X                    | Form fil                                                                   | ed by One                                                                                        | Repor                                                                   | ting Persor        | ו                                                                  |  |
| ,                                                   |                                                                       |                                            |                                                    |          |                                                                               |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      | Form filed by More than One Reporting<br>Person                            |                                                                                                  |                                                                         |                    | ting                                                               |  |
| (City)                                              | (S                                                                    | State)                                     | (Zip)                                              |          |                                                                               |                                                                                                 |                                                            |        |      |            |                                                                                               |                                                           |                      |                                                                            |                                                                                                  |                                                                         |                    |                                                                    |  |
|                                                     |                                                                       | Tal                                        | ble I - Nor                                        | n-Deriva | ative Se                                                                      | curities Ac                                                                                     | quired                                                     | l, Dis | pos  | sed of     | f, o                                                                                          | r Bene                                                    | ficially             | / Owned                                                                    |                                                                                                  |                                                                         |                    |                                                                    |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/D |                                                                       |                                            |                                                    | ay/Year) |                                                                               | Transaction Disposed<br>Code (Instr. 5)                                                         |                                                            |        |      |            |                                                                                               | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported | s<br>Ily<br>ollowing | Form:                                                                      | Direct<br>Indirect<br>tr. 4)                                                                     | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)       |                    |                                                                    |  |
|                                                     |                                                                       |                                            |                                                    |          |                                                                               |                                                                                                 | Code                                                       | v      | An   | nount      |                                                                                               | (A) or<br>(D)                                             | Price                | Transacti                                                                  | Transaction(s)<br>(Instr. 3 and 4)                                                               |                                                                         |                    | (1150.4)                                                           |  |
|                                                     |                                                                       |                                            |                                                    |          |                                                                               | urities Acc<br>s, warrants                                                                      |                                                            |        |      |            |                                                                                               |                                                           |                      | Owned                                                                      |                                                                                                  |                                                                         |                    |                                                                    |  |
| 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) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day) | ate, Tra | ansaction<br>ode (Instr.                                                      | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr. | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |        |      | and        | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                                           |                      | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                        | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti | e Ownershi<br>Form:<br>ally Direct (D)<br>or Indirec<br>g (I) (Instr. 4 |                    | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

Date

Exercisable

02/05/2005<sup>(1)</sup>

(D)

1. Granted effective 2-5-04 under the Issuer's 2000 Stock Incentive Plan. The stock option will vest 25% on each of the first (1st) through fourth (4th) anniversaries of the Grant Date, subject to continued

(A)

50,000

employment with the Issuer, and other terms and conditions of the plan and the related stock option agreement. The exercise price is the closing price on the date of the grant.

Expiration Date

02/05/2014

Title

Commor Stock

#### George H. Cave as attorney-in-02/09/2004 fact, for

(2)

02/0<u>9/2004</u>

Date

50,000

D

Michael Heitzman \*\* Signature of Reporting Person

Amount or Number

Shares

50,000

of

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).

02/05/2004

2. Stock option grant for no consideration other than service as employee.

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code v

Α

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.