FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN BENEF	FICIAL	OWNERS	SHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* HOPKIN VINCE CRAIG					2. Issuer Name and Ticker or Trading Symbol ON SEMICONDUCTOR CORP [ON]										all app Direc	oplicable) ector icer (give title		Person(s) to Issuer 10% Owner Other (specify below) M, ASG		
(Last) 5005 EA	t) (First) (Middle) 5 EAST MCDOWELL ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2019									X	belov					
(Street) PHOENI (City)			35008 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (C Line) X Form filed by One Reportin Form filed by More than Or Person							rting Pers	on						
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Ben	efici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 an	and 5) Sec Ben		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (C	A) or D)	Price	Trai		action(s) 3 and 4)			(1130.4)	
Common			03/04/	/04/2019				A		21,898(1	l)	A	\$0.0000		104,782(2)			D		
Common				03/05/	2019				F		2,281(3)		D	\$21	.84	102,501 D				
		Та	ble II -								osed of, convertib					ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	8. Prio Deriva Secur (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	,	(4)	(D)	Date	abla	Expiration	Title	or Nu of	mber						

Explanation of Responses:

- 1. Restricted stock units approved on February 14, 2019 under the Issuer's Amended and Restated Stock Incentive Plan with a grant date of March 4, 2019 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. Includes an aggregate of 339 shares acquired by the Reporting Person under the Issuer's Employee Stock Purchase Plan for the fiscal quarter ended December 31, 2018.
- 3. This disposition transaction represents shares withheld by the Issuer in connection with the Reporting Person's 2018 restricted stock units award granted pursuant to the Issuer's Amended and Restated Stock Incentive Plan and related award agreement. On March 5, 2019, certain of these units vested. These shares were 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-03/06/2019

** 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.