FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWN |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

| | (-) | | | | or Secti | on 30(h) of the | Învestme | nt Con | npany Ac | t of 19 | 940 | | | | | | |
|--|---|--|---|--------|---|---|----------------------------------|--------------------------------------|---|--|---|---|---|---|--|--|--|
| Name and Address of Reporting Person* Orsini Frank C | | | | | 2. Issuer Name and Ticker or Trading Symbol LEAR CORP [LEA] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| OI3III I | Tallik C | | | | | | | | Direct | | | 10% Ov | | | | | |
| - | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | - : | V Oπice below | r (give title) | | Other (s below) | ресіту | |
| (Last) | (F | irst) | (Middle) | | 09/12/2 | | isaction (iv | ioiiii/L | Jay/ Tear) | | | | | VP & Pre | siden | , | |
| 21557 TELEGRAPH ROAD | | | | | | 03/12/2012 | | | | | | OI. | vi ain | oracii | it, E1 1110 | | |
| 4. If Amendment, Date of Original Filed (Mo | | | | | | (Month/E | Day/Ye | ear) | ar) 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| SOUTHE | UTHFIELD MI 48033 | | | | | | | X Form filed by One Reporting Person | | | | | | | | | |
| | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | rting | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative Se | curities Ac | quired, | Disp | osed | of, c | or Bene | eficial | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | Day/Year) | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amou Securiti Benefic Owned Reporte | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | t | (A) or (D) | Price | Transac (Instr. 3 | ction(s) | | | (50 4) | |
| | | Т | | | | urities Acq s, warrants | | | | | | | Owned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | Expiration Date (Month/Day/Year) | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

(1)

- 1. Converts into common stock on a 1-for-1 basis
- 2. The restricted stock units were granted on September 12, 2012, under the Lear Corporation 2009 Long-Term Stock Incentive Plan. The stock units vest and settle in common stock on February 9, 2015.

Date Exercisable

(2)

Expiration

(2)

Title

Common

Stock

Date

Remarks:

Restricted

Stock Units

/s/ Karen Crittenden, as attorney-in-fact

Amount or Number

of Shares

1,434

\$0.00

1,434

09/13/2012

D

** Signature of Reporting Person

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).

09/12/2012

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

Code ٧ (A)

1,434

(D)

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.