Instruction 1(h)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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	STATE
Check this box if no longer subject to	SIAIE
Section 16. Form 4 or Form 5	
obligations may continue. See	

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* Orsini Frank C (Last) (First) (Middle) 21557 TELEGRAPH ROAD						Issuer Name and Ticker or Trading Symbol LEAR CORP [LEA] 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2015						eck all appli	ationship of Reportin c all applicable) Director		% Owi	wner
												helow)		Other (below) esident, EPMS		
(Street) SOUTHFIELD MI 48033 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	e) X Form f Form f	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Ta	ble I - No	n-Deri	vative S	ecurities Acc	uired	, Dis	posed of	f, or Bei	neficial	ly Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dis		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5) Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t Inct B	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Jui 4)	
Common	Common Stock (02/0	9/2015		M		5,245	A	\$0.00	10	10,730			
Common	Stock			02/0	9/2015		F ⁽²⁾		1,658	D	\$107.0)9 9,	072	D		
Common Stock			02/0	9/2015		A ⁽³⁾		26,277	A	\$0.00	35	35,349				
Common Stock 02/09/			9/2015		F ⁽²⁾		11,543	D	\$107.0	09 23	23,806					
			Table II -			curities Acqu lls, warrants,		•			-	Owned				
		Transaction Code (Insti		6. Date Exercisable and Expiration Date (Month/Day/Year)		e Amount of		f g Security	8. Price of Derivative Security (Instr. 5) Securition Owned Followin Reporter		Owners Form Direct or Inc.	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

(1)

1. Each restricted stock unit is convertible into a share of common stock on a 1-for-1 basis. The restricted stock units vested and settled in common stock on February 9, 2015.

(A)

5,722

(D)

2. Shares withheld by the Company to satisfy minimum tax withholding requirements

02/09/2015

02/09/2015

3. Settlement of non-derivative performance shares for the three-year performance period ending December 31, 2014, granted under the 2009 Lear Corporation Long-Term Stock Incentive Plan and exempt from liability under Section 16(b) of the Securities Exchange Act pursuant to Rule 16b-3(d).

Exercisable

(1)

- 4. Converts into common stock on a 1-for-1 basis.
- 5. The compensation committee certified on February 9, 2015 that company achieved the 2014 net income performance goal for the restricted stock unit awards granted in 2014 under the Lear Corporation 2009 Long-Term Stock Incentive Plan. These restricted stock units remain subject to a time-vesting requirement and are scheduled to vest and settle in common stock on February 6, 2017.

Remarks:

Restricted

Restricted

Stock Units

Stock

/s/ Karen Crittenden, as Attorney-in-Fact

02/11/2015

Transaction(s)

0

5,722

D

D

(Instr. 4)

** Signature of Reporting Person

Amount

or Number

of Shares

5,245

5,722

\$0.00

\$0.00

Expiration

(1)

Title

Commor

Stock

Commo

Stock

Date

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).

Code ν

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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.