FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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* FOSTER JONATHAN F | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEAR CORP [LEA] | | | | | | | | | elationship ck all appli Direct | cable) | ıg Per | son(s) to Iss 10% O | |
|---|---|--|---|--------|---|---|---|---------------|---|---|----------------------|-----------------|---|--|--|---|--------------------------------------|---|---------------------------------------|
| (Last) 21557 TI | (F ELEGRAP | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016 | | | | | | | | | Officer below) | (give title | | Other (below) | specify |
| (Street) SOUTHFIELD MI 48033 | | | | 4. If | f Ame | ndment, | Date (| of Original I | iled | (Month/D | Line | Form | rial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Perso | II | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ac | quired, I | Disp | osed o | of, or Be | enef | iciall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) I | Execution f any | . Deemed ecution Date, ny onth/Day/Year) | | 3. 4. Secur Transaction Code (Instr. 5) | | ities Acquired (A) o | |) or 4 and | 5. Amou Securiti Benefic Owned Reporte | es For ially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | rice | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| | | Т | able II - D | | | | | | uired, Di , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 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) | | n of I | | Expiration | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Nun of Sha | | | | | | |
| Deferred Stock Units | (1) | 05/19/2016 | | | A | | 1,331 | | (2) | | (2) | Common Stock | 1,3 | 331 | \$0.00 | 7,921 | | D | |

Explanation of Responses:

- 1. Each stock unit is equal in value to one share of Lear Corporation common stock
- 2. The deferred stock units were accrued under the Lear Corporation Outside Directors Compensation Plan pursuant to a deferral election (with respect to the director's unrestricted stock grant) and are generally to be paid out in shares of Lear Corporation common stock following the earlier of Mr. Foster's retirement as a director of Lear Corporation, January 1, 2018 or a change in control of Lear Corporation.

Remarks:

/s/ Karen Crittenden as attorney-in-fact

05/23/2016

** 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.