FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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TATEMENT C	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB Number:	3235-0287
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OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* ROSSITER ROBERT E													k all applicat	Reporting Person le)		(s) to Issuer 10% Owr	
(Last) 21557 TI	(F ELEGRAPI	First) H ROAD	(Middle)			Date of Earliest Transaction (Month/Day/Year) /15/2004					X	below)	Officer (give title pelow) Chairman & C		Other (sp below) EO	ecify	
(Street)	FIELD M	11	48034	_	4. If Amendment, Date of Original Filed (Month/Day/Year)					- 1	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)														9
		7	Γable I - Non-	Deriva	tive S	Securiti	es Acq	uired,	Dis	posed of	, or Ben	eficially (Owned				
1. Title of Security (Instr. 3)		[2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficiall Owned Fol	у	6. Own Form: I (D) or I (I) (Inst	Direct In ndirect B r. 4) O	7. Nature of ndirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)
Common Stock			03/16/2	2004			M ⁽¹⁾		94,272	. A	\$59.11	105,107]	D		
Common Stock			03/16/2	5/2004			F		27,613 D		\$59.11	77,494		D			
Common Stock										928			I I	1 401k ccount			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	recise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Securities Acquirred (A) or attive (Source of Code (Instr. Securities Of Code (Instr. Securitie		e s (A) or I of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Deri Security (Instr. 4)			ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction((Instr. 4)			
Restricted Stock Units	(2)	03/15/2004		A		42,651.3		(3)		(3)	Common Stock	42,651.3	(4)	42,651	1.3	D	
Restricted Stock Units	(2)	03/16/2004		M ⁽¹⁾		94,27		03/16/20	004	03/16/2004	Common Stock	94,272	\$23.79	.79 0		D	

Explanation of Responses:

- 1. Settlement of Restricted Stock Units which were granted in 2001 under the Lear Corporation Management Stock Purchase Plan pursuant to a deferred compensation election.
- 3. The restricted stock units were accrued under the Lear Corporation Management Stock Purchase Plan pursuant to a deferred compensation election. Generally, units settle approximately three years from the date of grant; however, a participant may elect to defer settlement of units beyond three years. Mr. Rossiter has not, as of the date of this filling, elected to defer settlement of his 2004 units beyond 2007.

 $4.\,\,22,925.14\,\,units\,\,credited\,\,at\,\,a\,\,price\,\,of\,\,\$49.25\,\,per\,\,unit,\,\,and\,\,19,726.16\,\,units\,\,credited\,\,at\,\,a\,\,price\,\,of\,\,\$43.09\,\,per\,\,unit$

Remarks:

/s/ Erik B. Lundgren (as attorney-in-fact)

03/16/2004

** 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.