FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

		CD	*	2 Iconor Nom	o and T	Ciolcon .	or Trodi	ina Crim	hal	5	Relations	hin of Reno	rting Person() to Issuer	
Name and Address of Reporting Person – KOONCE CALVIN SCOTT			2. Issuer Name and Ticker or Trading Symbol VSE CORP [VSEC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
(Last) (First) (Middle) 6550 ROCK SPRING DRIVE (Street) BETHESDA, MD 20817			Date of Earliest Transaction (Month/Day/Year) 12/06/2005 Hif Amendment, Date Original Filed(Month/Day/Year)						Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
								_							
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					es Acquir	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date any (Month/Day/Ye	, if Co (In	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					llowing (6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Prontin Buy) Tea		Code	V A	Amount	(A) or (D)	Ì		. ,	((/	(Instr. 4)	
Common per share	Stock, par	value \$.05	12/06/2005			A	8	392	A	\$ 34.35	464,881])	
Common per share	Stock, par	value \$.05								1	1,500]		by spouse
~	Stock par	value \$.05								ϵ	51,907				discr. accts
per share			anah alass of soouri	ios bonoficially	oumad	diraath	y or indi	iraatly							accis
per share				Derivative Secu	rities A	cquir	Person this for curren	ns who is rm are ntly vali	not req id OME f, or Be	quired to a B control a eneficially	respond ui number.		on contained rm displays a		1474 (9-02)
per share Reminder:	Report on a s	separate line for	Table II - 1	Derivative Secu	rities A	cquirents, op	Person this for curren ed, Disp otions, c	ns who is rm are atly valid posed of converting the	not req id OME f, or Be ible sec	uired to r 3 control r eneficially urities)	respond un number. Owned	iless the foi	m displays a		1474 (9-02)
per share Reminder:	Report on a s	separate line for	Table II - 1 (3A. Deemed Execution Date.	Derivative Secu e.g., puts, calls, 4. Transaction Code	rities A warra 5. Num of	acquire nts, op nber 6 antive (1 ties red	Person this for curren	ns who is rm are atly valid posed of converting Exercisa ration I	not requid OME f, or Beible secuble Date	quired to a B control a eneficially	respond un number. Owned Ind off ing s s and 4)	8. Price of		f 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners : (Instr. 4
per share Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	separate line for	Table II - I (3A. Deemed Execution Date, ear)	Derivative Secu e.g., puts, calls, 4. Transaction Code	5. Nur of Deriva Securi Acqui (A) or Dispos of (D) (Instr. 4, and	nts, openber 6 autive (Ities red sed 3, 5)	Person this for curren ed, Disp otions, c	ns who is rm are atly valid posed of converting exercisal ration I Day/Yea	not required of the control of the c	eneficially urities) 7. Title ar Amount of Underlying Securities	Owned of nng s	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nathing of India Benefits Owners: (Instr. 4)

Reporting Owners

D 4: 0 N /AII	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KOONCE CALVIN SCOTT						
6550 ROCK SPRING DRIVE	X	X				
BETHESDA, MD 20817						

Signatures

Calvin S. Koonce	12/08/2005
**Signature of Reporting Person	Date

Explanation of Responses:

* 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). Various (86.62 to \$25.17)
- (2) On various dates beginning 1/1/2002
- (3) Various dates through 1/1/2009

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.