FORM 4

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

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

OMB APPROVAL					
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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

	1 1														
(Print or Type Responses) 1. Name and Address of Reporting Person *- LOFTUS THOMAS R			2. Issuer Name and Ticker or Trading Symbol VSE CORP [VSEC]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 2550 HUNTINGTON AVE				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2005							X Officer (give title below) Other (specify below) Sr VP/Chief Financial Officer				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
ALEXANDRIA, VA 22303									_	Form filed by More than One Reporting Person					
(Cit	y)	(State)	(Zip)		1	able l	- Non-Dei	ivative S	ecuritie	s Acquire	d, Dispose	d of, or Bei	neficially O	wned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, is any (Month/Day/Year		(Instr. 8)		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Beneficially		Owned Following ansaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
								Amount (A) or (D)		Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common share	Stock, par	value \$.05 per								2,0	000			D	
Common share	Stock, par	value \$.05 per								5,9	940			I	Employee benefit plan
Reminder:	Report on a	separate line for ea	ch class of securitie	es benefici	ally own	ed dire	Perso this f	ns who r orm are i	10t requ	ired to re	spond unle		contained n displays a		1474 (9-02)
Reminder:	Report on a	separate line for ea	Table II - l	Derivative	Securit	ies Ac	Perso this f curre	ns who r orm are i ntly valid	ot requ d OMB	ired to recontrol nu	spond unle imber.				1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 1 (3A. Deemed Execution Date, i	Derivative e.g., puts, 4. Transac Code	e Securit calls, w 5. 1 tion of Dee) Sec Acc (A) Dis of (ies Acarrant Numberivative urities quired or posed D)	Person this for curred quired, Di s, options, options, options, continue and contin	ns who r orm are i ntly valid sposed of converti	not requal OMB of the security of the security and	ired to recontrol nu	spond unloumber. Dwned and off ag	8. Price of		of 10. Owner Form of y Deriva Securit Direct or Indi	ship of Indire Beneficitive Ownersl (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 1 (3A. Deemed Execution Date, i	Derivative e.g., puts, 4. Transac Code	e Securit calls, w 5. Ition of Det) Sec (A) Dis of ((In:	ies Acarrant Numbe vivativ. urities quired or posed DD)	r 6. Date Expiration (Month/	ns who rorm are intly valid sposed of convertile exercisable	not required to the security of the security o	eficially Crities) 7. Title an Amount of Underlyin Securities	spond unloumber. Dwned and off ag	8. Price of Derivative Security	9. Number Derivative Securities Beneficiall Owned Following Reported Transactio	of 10. Owner Form c y Deriva Securit Direct or Indi	ship of Indire Beneficitive Ownersl (Instr. 4)

Reporting Owners

D	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LOFTUS THOMAS R 2550 HUNTINGTON AVE ALEXANDRIA, VA 22303			Sr VP/Chief Financial Officer			

Signatures

Thomas R. Loftus	01/03/2005
**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).
- (1) The option is exercisable in four equal annual installments beginning on the grant date (01/01/2005).

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.