FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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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

	e Responses)																
Name and Address of Reporting Person – LOFTUS THOMAS R			Issuer Name and Ticker or Trading Symbol VSE CORP [VSEC] Date of Earliest Transaction (Month/Day/Year) 03/03/2008 If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Exec VP and CFO 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by More than One Reporting Person Form filed by More than One Reporting Person								
(Last) (First) (Middle) 2550 HUNTINGTON AVE																	
(Street)													:)				
	DRIA, VA 22303		(71.)									rorm filed b	y More than On	e Reporting Per	son		
(City)	(State)		(Zip)			Ta	ble I - N	lon-Der			-	ired, Dispose	ed of, or Be				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		te, if	Code (Instr. 8)		(A) or D (D)	4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)				owing	6. Ownersh Form: Direct (I or Indire	of In Ben Own	eficial nership	
							Code V		Amount	(A) or Amount (D)					(I) (Instr. 4)	t (Ins	u. 4)
share	Stock, par value \$	•	03/03/2008				A		1,190	A	\$ 0	1,190			D D		
Common S share	Stock, par value \$	\$.05 per	03/03/2008				F		383	D	\$ 0	807		D			
Common S	Stock, par value \$	\$.05 per										12,064	I		I		ployee nefit n
share	Report on a separate l	line for ea	ch class of securities	es benefici	ally	owne	d directl	-	•								
share	Report on a separate I	line for ea	Table II - I	Derivative	Sec	uritie	s Acqui	Person this for curre	ns who rorm are notly valid	not requ d OMB , or Ben	ired to control eficiall	collection of respond und number.					
Reminder: Remind		saction	Table II - I	Derivative e.g., puts, 4. f Transac Code	Sec	urities, war	s Acquirants, oumber 6 Evative (living or osed D) r. 3,	Perso this fo curre red, Dis options,	ns who represent the second of	not required OMB f, or Benule and	eficially rities) 7. Title Amour Underl Securit	respond und number. y Owned e and nt of ying	8. Price of		of 10. Owr Forr y Deri Secu Dire or Ir	ership of vative rity: et (D) direct	11. Na of Indi Benefic Owner (Instr.
Reminder: Remind	2. 3. Transa Conversion Date or Exercise (Month/I	saction	Table II - I (3A. Deemed Execution Date, i	Derivative e.g., puts, 4. f Transac Code	Sec	urities, war 5. No of Deriv Secu Acqu (A) c Disp of (E (Inst: 4, an	s Acquirants, our sumber 6 evative (rities hired or osed b)) r. 3, d 5)	Person this for curred, Dispetions, . Date Expiration Month/I	ns who represent the properties of the converties of the convertie	not required of the security o	eficially rities) 7. Title Amour Underl Securit	y Owned and and at of ying ties	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction	of 10. Owr Forr y Deri Secu Dire or Ir n(s) (I)	ership of vative rity: et (D) direct	4 (9-02 11. Na of Indi Benefi Owner

Donostino Ossar Norsa / Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LOFTUS THOMAS R							
2550 HUNTINGTON AVE			Exec VP and CFO				
ALEXANDRIA, VA 22303							

Signatures

Thomas R. Loftus by Craig S. Weber, Attorney-in-Fact	03/05/2008
**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.