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

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

| msuu | ction 1(b). | | | | | | г | | | | | | | | | | | |
|--|-------------|---|--|--|------|--------|---|--------------|-------|--|--|---|--|--|--------------------------------------|--|---|-----------------------------|
| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person *- WACHTEL BONNIE K | | | | 2. Issuer Name and Ticker or Trading Symbol VSE CORP [VSEC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| 1101 FO | | (First) TH STREET NV | V, SUITE 800 | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2005 | | | | | | | | give title below | | her (specify b | elow) | | | |
| (Street) WASHINGTON, DC 20005 | | | | 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 Form filed by More than One Reporting Person | | | | | | | |
| (City | | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | Date | e, if | 3. Trai Code (Instr. | nsacti | ion 4 | Securities Acquired S. A.) or Disposed of Be | | 5. A Ben Rep | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | ~ 1 | 1 00- | | | | | Cod | le | V A | mount | (D) | Price | e | | | | (Instr. 4) | |
| Common per share | _ | value \$.05 | 05/23/2005 | | | | S | | 2 | 50 | D | \$ 33 | 3 27, | 250 | | | D | |
| | | | Table II - I | Derivative | Secu | rities | Acqu | | | | | 3 contro eneficial | | | | | | |
| | ı | | , | e.g., puts, o | | | | | | | | | | | 1 | 1 . | . 1 | |
| 1. Title of Derivative Convers: Security (Instr. 3) Price of Derivative Security | | ercise of ative (Month/Day/Year) any (Month/Day/Y | | c, if Transaction of Code ear) (Instr. 8) Sec Acc (A) Dis of (Instr. 8) | | | rivative (Month curities quired) or sposed | | | piration Date | | 7. Title and Amount of Underlying Securities (Instr. 3 and | | Í | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Security Direct (or Indir | Ownersl (Instr. 4) O) |
| | | | | Code | V | (A) | (D) | Date Exer | | Expi le Date | ration | Title | 1 | Amount or Number of Shares | | | | |
| Stock Options (right to | <u>(1)</u> | | | | | | | | (2) | | (3) | Comn Stoc | k, lue | 3,250 | | 3,250 | D | |

\$.05 per

share

Reporting Owners

| D (O N /All | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| WACHTEL BONNIE K 1101 FOURTEENTH STREET NW | 37 | | | | | | | |
| SUITE 800 WASHINGTON, DC 20005 | X | | | | | | | |

Signatures

buy)

| Bonnie K. Wachtel | 05/25/2005 |
|---------------------------------|------------|
| **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) \$6.62 to \$25.17
- (2) Various dates beginning 1/1/2002
- (3) Various dates through 12/31/2009

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.