FORM 4	1
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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).

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

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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

(Print or Type Responses)										
1. Name and Address of Reporting P WEBER CRAIG S	2. Issuer Name <b>a</b> VSE CORP [vs		or Tr	ading Sy	mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) 2550 HUNTINGTON AVENU	3. Date of Earliest 03/03/2009	Transactio	n (M	onth/Day	/Year)	X  Officer (give title below)  Other (specify below)    Executive Vice President				
(Street) ALEXANDRIA, VA 22303	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)	Tab	le I - Non-	ired, Disposed of, or Beneficiall	y Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	
Common Stock, par value \$.05 per share	03/03/2009		А		3,401	А	\$ 0	4,160	D	
Common Stock, par value \$.05 per share	03/03/2009		F		1,156	D	\$ 0	3,004	D	
Common Stock, par value \$.05 per share								4,643	Ι	Employee Benefit Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

> SEC 1474 (9-Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a 02) currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	1	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	- 1	Secur	ities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqu	ired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					(A) o	r			4)			0	Direct (D)	
						Dispo							· F · · · · ·	or Indirect	
						of (D)	· · · · · · · · · · · · · · · · · · ·						Transaction(s)	< / <	
						(Instr	-						(Instr. 4)	(Instr. 4)	
					4	4, and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable	<u>^</u>	Title	Number				
								Excicisable	Date		of				
				Code V	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
WEBER CRAIG S 2550 HUNTINGTON AVENUE ALEXANDRIA, VA 22303			Executive Vice President						

## **Signatures**

Craig S. Weber by Thomas M. Kiernan, Attorney-in-Fact Signature of Reporting Person

03/05/2009 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).

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.