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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
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| hours per 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|-------------|--|------------------------------|---|---|--------------------|-----------|-------------------|---|------------------|---|---|--------------------------------------|---|--|----------------------------------|-------------------------|
| 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 | | | | | |
| (Last) (First) (Middle) 1101 FOURTEENTH STREET NW, SUITE 800 | | | | TOD | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2009 | | | | | | - | | r (give title belo | | Other (specify b | elow) | |
| (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 Form filed by More than One Reporting Person | | | | | | |
| WASHIN | IGTON, D | C 20005 | | | | | | | | | | - | rorm me | d by More than | One Reporting F | erson | |
| (City |) | (State) | (Zi | ip) | | Tal | ble I - N | on-D | eriva | tive S | ecurities | s Acqui | red, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) | | | ate, if | Code (Instr. 8) | | (A | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Reported Transaction(s) | | Following n(s) | Ownership of Form: | 7. Nature of Indirect Beneficial | |
| | | | | | Month/Day | (Year) | Code | 7 | V An | nount | (A) or (D) | Price | (Instr. 3 and 4) | | | | Ownership (Instr. 4) |
| Common per share | Stock, par | value \$,05 | 05/05/200 | 09 | | | М | | 2,0 | 000 | A 5 | \$ 12.585 | 48,736 | | | D | |
| indirectly. | | | Ta | | erivative So | | - | th cu ired, | iis for urrent , Disp | m are tly val | not req id OMB of, or Be | uired to contro | respond I number | unless the | tion contain form displa | | EC 1474 (9- 02) |
| Security | Conversion | 3. Transaction Date (Month/Day/Y | Execution D Day/Year) any | ecution Dat | 4. Transaction Code Year) (Instr. 8) | | of | | Date Expiration | | Amc Undo Secu (Inst 4) | Title and mount of nderlying scurities nstr. 3 and Amount or the Number | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | Ownership (Instr. 4) | |
| | | | | | Code | e V | (A) (| (D) Ex | Exercis | sable | Date | Title | of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | |

| Barrella Orana Nama (Addana | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WACHTEL BONNIE K 1101 FOURTEENTH STREET NW SUITE 800 WASHINGTON, DC 20005 | X | | | | | | |

Signatures

| Bonnie K. Wachtel by Thomas M. Kiernan, Attorney-in-Fact | 05/06/2009 |
|--|------------|
| **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).

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.

