FORM 4	4
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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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response ...

02)

#### 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 F LAFOND JAMES F	2. Issuer Name a VSE CORP [vs		or T	rading Sy	mbol	:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner					
(Last) (First) VSE CORPORATION, 2550 H AVE.	VSE CORPORATION, 2550 HUNTINGTON			on (N	1onth/Day	y/Year)		Officer (give title below)	Other (specify b	pelow)		
(Street) ALEXANDRIA, VA 22303-14	4. If Amendment,	Date Orig	inal I	Filed(Mont	h/Day/Ye	ar)	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)	Tal	ole I - Non	-Der	ivative S	ecuriti	es Acqui	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	(Month/Day/Year)	Execution Date, if		v	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		1 of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$.05 per share			М		2,000	А	\$ 12.585	7,107 (1)	D			
Common Stock, par value \$.05 per share	12/29/2009		S		552	D	\$	6,555	D			

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

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

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

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. N	lumbe	r 6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	ivative	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Acc	juired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of (	D)						Transaction(s)	(I)	
					(Ins	tr. 3,						(Instr. 4)	(Instr. 4)	
					4, a	nd 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LAFOND JAMES F VSE CORPORATION 2550 HUNTINGTON AVE. ALEXANDRIA, VA 22303-1499	Х							

### **Signatures**

James F. Lafond, by Thomas M. Kiernan, Attorney-in-Fact

Signature of Reporting Person

12/29/2009 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).

(1) Reflects a postive adjustment of 13 shares since the last report to account for reinvestment of dividends

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.