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

OMB APPROVAL					
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ours per respon	se 0.5				

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

(First) EK ROAD	(Middle)	2 Data of Earliest		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						
		3. Date of Earliest Transaction (Month/Day/Year) 01/04/2018			Office	r (give title belo	ow) C	ther (specify bel	ow)					
(Street) 4103		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person									
(State)	(Zip)	Tal	ble I - Nor	ı-Deriv	vative So	ecurities A	Acqui	red, Disp	osed of, or	Beneficially (Owned			
	2. Transaction Date (Month/Day/Year)	any	Code (Instr. 8)		(A) or I (D)	or Disposed of Beneficially Own Reported Transac		Beneficially Owned For Reported Transaction(s		ollowing Ownership of Form: Be Direct (D) Ov		neficially Owned Following Ownership ported Transaction(s) Form: str. 3 and 4) Direct (D)		Beneficial Ownership
			Code	V	Amoun	(A) or (D)	Price			(I)	instr. 4)		
par value \$.05	01/04/2018		A		1,600	A :	\$ 0	24,400])			
				conta the fo	ained ir orm dis sposed o	n this for splays a c of, or Bene	m are curre eficial	e not req ently valid	uired to re d OMB co	espond unle	ss	© 1474 (9- 02)		
sion Date (Month/Day/	n 3A. Deemed Execution Da Year) any	4. Transaction Code	5. Number of Derivative	oer 6. Date Exercisable and Expiration Date (Month/Day/Year) d d d Date Expiration Date (Solution of the Company of the Compa		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. An Un Sec (In 4)		6. Date Exercisable and Expiration Date (Month/Day/Year)		itle and ount of lerlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivative Security: Direct (D) or Indirec	
				Exer			litle	of Shares						
	par value \$.05 on a separate line f	(State) (Zip) 2. Transaction Date (Month/Day/Year) par value \$.05 01/04/2018 on a separate line for each class of security of the securit	(State) (Zip) Tal 2. Transaction Date (Month/Day/Year) par value \$.05 01/04/2018 Table II - Derivative Securities beneficially of the company of the co	(State) (Zip) Table I - Nor 2. Transaction Date (Month/Day/Year)	Code V Par value \$.05 01/04/2018 A Persuative Securities beneficially owned directly of the following (Month/Day/Year) Securities (Month/Day/Year) A Securitie	Cate Cate	Code Code	Cate Cate	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (Month/Day/Year) Securities Acquired (Month/Day/Year) Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5) Securities Acquired (Instr. 3) and Separate line for each class of securities beneficially owned directly or Securities Acquired (Instr. 3) and Securities (Instr. 3) and Securities (Instr. 3) and Amount of Underlying Securities Acquired (Instr. 3) and Amount of Underlying Securities (Instr. 3) and Amount of Unde	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or 2. Transaction Date (Month/Day/Year) (Month/Day/	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially (Dunth/Day/Year) (Month/Day/Year) (M	Cap Cap		

D C N / All		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LAFOND JAMES F 13 NILES CREEK ROAD NIANTIC, CT 34103	X							

Signatures

James F. Lafond, by Thomas M. Kiernan	01/09/2018
**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.