FORM 4

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

| OMB APPR | .OVAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| 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

| ress of Reporting Person - 2. Issuer Name and Ticker VSE CORP [vsec] | | | r or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director. X. 10% Owner | | | | | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| (First) IG DRIVE, | (Middle) SUITE 600 | | | | | elow) | | | | | | |
| (Street) 0817 | | 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 | | | | | | | |
| (State) | (Zip) | Ta | able I - Non | -Dei | rivative S | Securitie | s Acqui | ired, Dispo | osed of, or l | Beneficially | Owned | |
| | Date | Execution Date, if any | Code (Instr. 8) | | (A) or D (Instr. 3, | isposed | of (D) | Benefici Reported | ally Owned I Transactio | Following | Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| value | 12/26/2012 | | Р | | 4,000 | 1 | 3 | 902,649 |) | | , , | |
| value | | | | | | | | 10,000 | | | I | By Spouse |
| separate line | for each class of sec | urities beneficially | owned dire | ectly | or | | | | | | | |
| | | | | this | form ar | e not rec | quired t | o respond | unless the | | | EC 1474 (9- 02) |
| | | | | | | | | | I | | | |
| rcise (Month/Day/Year) any | | 4. Transaction Code | n of | | Date Exer d Expirati | rcisable ion Date | 7. T Ame Und Secu | itle and ount of lerlying | | Derivative Securities | Ownersl Form of Derivati Security Direct (I | ve Ownershi : (Instr. 4) |
| | | | of (D) (Instr. 3, | | | | | | | Transaction (Instr. 4) | or Indire (I) (Instr. 4) | ect |
| | (First) (G DRIVE, (Street) 0817 (State) value value 3. Transaction Date | (First) (Middle) (G DRIVE, SUITE 600 (Street) 0817 (State) (Zip) 2. Transaction Date (Month/Day/Year) value 12/26/2012 value 12/26/2012 Table II - 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) | (First) (Middle) (Street) 3. Date of Earlie 12/26/2012 4. If Amendmen 2817 (State) (Zip) Table (Month/Day/Year) 2A. Deemed Execution Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if c.g., puts, calls, w. 3. Transaction Date Execution Date, if Transaction Date | SCOTT VSE CORP [vsec] | SCOTT | SCOTT VSE CORP [vsec] | SCOTT VSE CORP [vsec] | VSE CORP [vsec] (First) (Middle) (Street) 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) 2A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3, | SCOTT VSE CORP [vsec] X _ Direct Office Coffice Drivative Securities Drivative Securities Drivative Securities Drivative Securities Drivative Driv | VSE CORP [vsec] (First) (Middle) G DRIVE, SUITE 600 (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8) (Instr. 9) (Instr. 8) (I | VSE CORP [vsec] (First) (Middle) (Street) (Street) (State) (State) (State) (A) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) (A) (Month/Day/Year) (Month/Day/Year) (A) (A) (A) (Code V Amount (D) Price (A) (A) (Instr. 3) (Instr. 4) (Instr. 5) (Instr. 5) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 8) (I | VSE CORP [vsec] (Check all applicable) XDirector Direct (D) Downed Felonwing Reported Transaction(s) Code VAmount (D) Price Director XDirector XDirector Direct (D) Downership Form: Direct (D) Or Indirect (I) Code VAmount (D) Price Persons who respond to the collection of information contained in this 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) S |

Reporting Owners

| D (0 N / / 11 | Relationships | | | | | |
|----------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| KOONCE CALVIN SCOTT 6550 ROCK SPRING DRIVE SUITE 600 BETHESDA, MD 20817 | X | X | | | | |

Signatures

| Calvin S. Koonce by Thomas M. Kiernan, Attorney-in-Fact | 12/27/2012 |
|---------------------------------------------------------|------------|
| 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 nu | mber. |
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