## FORM 4

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

OMB APPI	ROVAL				
OMB Number:	3235-0287				
Estimated average burden					
ours 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 Type	Responses	.)														
1. Name and Address of Reporting Person * KOONCE CALVIN SCOTT			2. Issuer Name and Ticker or Trading Symbol VSE CORP [vsec]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner						
(Last) (First) (Middle) 6550 ROCKSPRING DRIVE, SUITE 600				3. Date of Earliest Transaction (Month/Day/Year) 05/07/2012							Officer (give title below) Other (specify below)					
(Street) BETHESDA, MD 22308				4. If A	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)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Secu (Instr. 3)	urity		2. Transaction Date (Month/Day/Year)	Execut any	ecution Date, if Code (A) or Disposed of (D)			Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Sto per share	ock, par v	value \$.05	05/07/2012			]	P		1,500	A	\$ 23.91	895,139			D	
Common Stoper share	ock, par v	value \$.05										10,000			I	(By Spouse)
Reminder: Repindirectly.	port on a se	eparate line f	or each class of secu	ırities b	eneficially	owned	l direc	tly o	r							
							1	his f	orm are	not req	uired		unless the	tion contai form displa		EC 1474 (9- 02)
			Table II - I		ive Securit								l			
(Instr. 3) Pri	onversion	3. Transaction Date (Month/Day/	ion 3A. Deemed Execution Day/Year) any	ate, if Transaction Code Year) (Instr. 8)		of		r 6. Date Exercis and Expiration (Month/Day/Y		cisable on Date 'Year)	7. T Am Und Sec (Ins 4)	Title and count of derlying urities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivate Security Direct ( or Indire	Ownership (Instr. 4) D) ect
					Code V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Titl	e Number of Shares				
Domont!	m = O															

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
KOONCE CALVIN SCOTT 6550 ROCKSPRING DRIVE SUITE 600 BETHESDA, MD 22308	X	X					

### **Signatures**

Calvin S. Koonce, by Thomas M. Kiernan, Attorney-in-Fact	05/08/2012
-*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.