FORM 4	ŀ
--------	---

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 hours per response... 0.5

#### 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

(Fint of Type Responses)												
1. Name and Address of Reporting Person – KOONCE CALVIN SCOTT			2. Issuer Name <b>and</b> 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 ROCK SPRING DRIVE, SUITE 600			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2013						Officer (give title below)	Other (specify b	below)	
(Street) BETHESDA, MD 20817			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) (Sta	te)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	Ι	2. Transaction Date (Month/Day/Year)	Execution Date, if		ction	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock, par valu per share	ie \$.05	03/15/2013		Р		2,000	А	\$ 24.32	906,949	D		
Common Stock, par valu per share	ie \$.05								10,000	Ι	By spouse	

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 this form are not required to respond unless the form displays a 02) currently valid OMB control number.

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

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numb	er 6	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	•	a	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	erivati	ve (	Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	ecuritie	es			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				A	cquired	d			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A	) or				4)			Following	Direct (D)	
						isposed	d						· · · · · ·	or Indirect	
					of	(D)							Transaction(s)	(I)	
						nstr. 3,							(Instr. 4)	(Instr. 4)	
					4,	and 5)	)								
											Amount				
							Г	Date	Expiration Date	<b>T</b> : 1	or				
							E	Exercisable	Date	little	Number of				
				Code V	7 (A	4) (E	))				Shares				

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KOONCE CALVIN SCOTT 6550 ROCK SPRING DRIVE SUITE 600 BETHESDA, MD 20817	Х	Х						

### Signatures

 Calvin S. Koonce, by Thomas M. Kiernan, Attorney-in-Fact
 03/18/2013

 ---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.