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

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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).

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

| Fillit of Ty | pe Kesponse | :8) | | | | | | | | | | | | | |
|--|---|--------------------------------|---|---|--|--------------------|------------------|---|--------------------|---|--|------------|---|--|---|
| 1. Name and Address of Reporting Person * KIERNAN THOMAS M | | | 2. Issuer Name and Ticker or Trading Symbol VSE CORP [vsec] | | | | | | 4 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| VSE CORPORATION, 6348 WALKER LANE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2015 | | | | | | | X Officer (give title below) Other (specify below) General Counsel and Secretary | | | | |
| (Street) ALEXANDRIA, VA 22310 | | | 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 Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of I | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Following (s) | Ownership of Form: B Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | V | Amoun | (A) or (D) | Price | | | | or Indirect (Instr. 4) (I) (Instr. 4) | |
| Common per share | Stock, par | value \$.05 | 03/11/2015 | | | A | | 769 | A | \$ 0 | 11,610 | | | D | |
| Common per share | Stock, par | value \$.05 | 03/11/2015 | | | F | | 248 | D | \$ 0 | 11,362 | | | D | |
| Reminder: indirectly. | Report on a | separate line fo | or each class of secu | rities be | neficially o | | Perso this fo | ons who | not requi | ired to | respond | unless the | ition contair form displa | | EC 1474 (9- 02) |
| | | | Table II - D | | ve Securitie | es Acquire | d, Dis | sposed o | | eficial | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Yof ative | Execution Da /Day/Year) any | tte, if Transaction Code Year) (Instr. 8) | | 5. Number of | 6. Da | nd Expiration Date Month/Day/Year) S (| | 7. Ti Amo Unde Secu | tle and bunt of erlying rities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | (Instr. 4) |
| | | | | | Code V | (A) (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| KIERNAN THOMAS M VSE CORPORATION 6348 WALKER LANE ALEXANDRIA, VA 22310 | | | General Counsel and Secretary | | | | |

Signatures

| Thomas M. Kiernan | 03/13/2015 |
|---------------------------------|------------|
| **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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