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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| 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 Ty | pe Response | s) | | | | | | | | | | | | _ |
|--|--|------------------|---|--|-----------------------|--|---------------------|--|---|---|----------------|---|---|---|
| 1. Name and Address of Reporting Person *- LOFTUS THOMAS R | | | 2. Issuer Name and Ticker or Trading Symbol VSE CORP [vsec] | | | | | | 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) Chief Financial Officer | | | | | |
| (Street) | | | 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 | | | | able Line) | | |
| | NDRIA, V | | | | | | | | | | d by More than | One Reporting | CISON | |
| (City |) | (State) | (Zip) | T | able I - Nor | -Deri | vative S | ecurities | Acqui | red, Disp | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | if Code (Instr. 8) | f Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Following | · / | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | V | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common per share | Stock, par | value \$.05 | 03/11/2015 | | A | | 952 | A | \$ 0 | 34,433 | | | D | |
| Common per share | Stock, par | value \$.05 | 03/11/2015 | | F | | 310 | D | \$ 0 | 34,123 | | | D | |
| Reminder: indirectly. | Report on a s | separate line fo | or each class of secu | rities beneficially | owned dire | Perso | ons who form are | not requ | ired t | | unless the | ation contair form displa | | EC 1474 (9- 02) |
| | | | | erivative Securi e.g., puts, calls, w | | | | | | | ĺ | | | |
| Security | 2. 3. Transactio Conversion or Exercise Price of Derivative Security 3. Transactio (Month/Day/ | | Execution Da (Year) any | 4. Transaction Code Year) (Instr. 8) | n of Derivative | Derivative (Mo Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Expiration Date Inth/Day/Year) L | | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | / |
| | | | | Code V | (A) (D) | | e : | Expiratio Date | n Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|-------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| LOFTUS THOMAS R | | | | | | |
| VSE CORPORATION | | | Chief Financial Officer | | | |
| 6348 WALKER LANE | | | | | | |
| ALEXANDRIA, VA 22310 | | | | | | |

Signatures

| Thomas R. Loftus, by Thomas M. Kiernan, Attorney-in-fact | 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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