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

| OMB APPROVAL | | | | | | |
|-------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| stimated average burden | | | | | | |
| ours per respon | se 0.5 | | | | | |

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 * KIERNAN THOMAS M | | | | 2. Issuer Name and Ticker or Trading Symbol VSE CORP [vsec] | | | | | | 5 | 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) 08/03/2015 | | | | | | | 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) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City |) | (State) | (Zip) | | Tal | ble I - Non- | -Deri | vative S | ecurities | Acquii | red, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of S (Instr. 3) | Date | | 2. Transaction Date (Month/Day/Year) | | | if Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Following u(s) | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common per share | Stock, par | value \$.05 | 08/03/2015 | | | P | | 200 | A S | \$ 47.72 | 11,562 | | | D | |
| indirectly. | | | Table II - I | | | | cont the f | ained in form dis | n this fo splays a of, or Ber | orm are curre | not req | uired to re d OMB cor | formation espond unlo | ess | EC 1474 (9- 02) |
| 1 Ti41 f | 2 | 2 T | , | <u> </u> | | | | | | | 41 | O Duine of | 0. Normals are a | of 10. | 11. Nature |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transactio Date (Month/Day/ | Year) Execution Da | Co | e, if Transaction | | and | and Expiration Date (Month/Day/Year) A U Se (I | | Amo Unde Secu | tle and ount of erlying rities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | of Indirect Beneficial Ownership (Instr. 4) |
| | | | | С | ode V | (A) (D) | Date Exer | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| D (1 0 N // 11 | Relationships | | | | | | | |
|---|--------------------|--|-------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| KIERNAN THOMAS M VSE CORPORATION 6348 WALKER LANE ALEXANDRIA, VA 22310 | | | General Counsel and Secretary | | | | | |

Signatures

| Thomas M. Kiernan | 08/03/2015 |
|---------------------------------|------------|
| **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 number.