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VSE CORP Form 4 December 27, 24 FORM 4 Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	OMB AF OMB Number: Expires: Estimated a burden hour response					
(Print or Type Resp	oonses)					
KOONCE CALVIN SCOTT Symbol		I issuer raune und riener of frauing	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 6550 ROCK SF DRIVE, SUITE		12/26/2012 -	_X_ Director Officer (give t pelow)	X 10%		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) BETHESDA, MD 20817			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
Security (Mo (Instr. 3)	any	-	5. Amount of Securities 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	
value \$.05 per share Common Stock, par	/26/2012	P 4,000 A ^{\$} 23.5874	902,649 10,000	D	Ву	
value \$.05 per share					Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	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, 12/27/2 Attorney-in-Fact						
<u>**</u> Signature of Reporti		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.