Edgar Filing: VSE CORP - Form 4

| VSE CORP | | | | | | | | | | | |
|---|---------------|-------------|--|---|--------------------------------------|-------|---|---|--|--------------------|--|
| Form 4 | | | | | | | | | | | |
| December 21 | 1, 2016 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE (| | | | | | NGEO | | OMB APPROVAL | | | |
| Was | | | | RITIES AND EXCHANGE COMMISS shington, D.C. 20549 | | | | OMMISSION | OMB Number: | 3235-028 | |
| Check this box if no longer | | | | | | | | | Expires: | January 31 2005 | |
| subject to STATEMENT OF CHAN | | | | GES IN BENEFICIAL OWN SECURITIES | | | | NERSHIP OF | Estimated average | | |
| Section 1 Form 4 or | Section 16. | | | | IIIES | | | | burden hours per | | |
| Form 5 | | rsuant to S | Section 1 | 6(a) of the | the Securities Exchange Act of 1934, | | | | response 0 | | |
| obligation | ns Section 17 | | | | | | • | 1935 or Sectior | ı | | |
| may cont <i>See</i> Instru | inue. | | | vestment | • | · · | | | | | |
| 1(b). | | | | | • | • | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuerEBERHART RALPH ESymbol | | | | r Name and Ticker or Trading DRP [vsec] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| (Last) | (First) | (Middle) | 3. Date of | | | | | | | | |
| 909 N. WASHINGTON STREET (Month/D 12/21/20 | | | - | | | | XDirector | | Owner | | |
| | | | 016 | | | | Officer (give title Other (specify below) below) | | | | |
| | | | ndment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | | | | | Applicable Line) | | | | |
| ALEXANDRIA, VA 22314 | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| ALEAAND | KIA, VA 22314 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year) | | | n Date, if | Code (Instr. 3, 4 and 5) | | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | | | (A) | | Reported | . , | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| G | | | | Code V | Amount | (D) | Price | (msu. 5 and 4) | | | |
| Common Stock, par value \$.05 | 12/21/2016 | | | А | 243 | А | \$ 40.99 | 24,041 | D | | |
| | | | | | | | | | | | |

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 currently valid OMB control number.

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

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|-------|--|---|---|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|---------|--|--|--|
| F | Director | 10% Owner | Officer | Other | | | |
| EBERHART RALPH E 909 N. WASHINGTON STREET ALEXANDRIA, VA 22314 | Х | | | | | | |
| Signatures | | | | | | | |
| Ralph E. Eberhart, by Thomas M. Attorney-in-fact | Kiernan, | | | 12/21/2 | | | |
| <u>**</u> Signature of Reporting P | | | 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.

21/2016

Date