Edgar Filing: ROSS JIMMY D - Form 4

| ROSS JIMN Form 4 December 24 | | | | | | | | | | | |
|---|--|---|--|--|-----------|------------------|-------------|--|--|--|--|
| FORM | ЛЛ | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 c Form 5 | ger 5 STATEN 16. or Filed pur | | | | | | | | | January 31Expires:2005Estimated averageburden hours perresponse0.5 | |
| obligatio may con <i>See</i> Instr 1(b). | ns Section 17(| Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| ROSS JIMMY D Symbol | | | Symbol | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) | 3. Date of Earliest Transaction (Check | | | | | k all applicable) | | | |
| (Month/ | | | (Month/E 12/23/2 | Day/Year) | | | | X Director 10% Owner Officer (give title Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| | (Street) | t) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | |
| ALEXAND | PRIA, VA 22303- | 1499 | | | | | | Form filed by M 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) | Fransaction Date 2A. Deer onth/Day/Year) Execution any (Month/I | | 3. Transactic Code (Instr. 8) | | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Stock, par value \$.05 per share | 12/23/2009 | | | А | 499 | A | \$ 45.06 | 4,339 | 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)

Edgar Filing: ROSS JIMMY D - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and A Underlying S (Instr. 3 and | Securities | 8. Price Derivat Securit (Instr. 5 |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 12.585 | | | | | <u>(1)</u> | 12/31/2009 | Common Stock, par value \$.05 per share | 500 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-----------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| ROSS JIMMY D VSE CORPORATION 2550 HUNTINGTON AVENUE ALEXANDRIA, VA 22303-1499 | Х | | | | | | |
| Signatures | | | | | | | |
| Jimmy D. Ross by Thomas M. Kie Attorney-in-Fact | ernan, | | 1 | 2/24/2009 | | | |
| <u>**</u> Signature of Reporting Pe | rson | | | Date | | | |
| Explanation of Responses: | | | | | | | |

xplanation of nesponses.

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).

(1) The option became exercisable in four equal annual installments commencing on the grant date (01/01/2005).

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.