Abram Micha Form 5 August 08, 20 FORM	11				OMB A	PPROVAL	
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		ED STATE	S SECURITIES AND EXCHANGE	Number:	3235-0362		
Check this l no longer su			Washington, D.C. 20549		Expires:	January 31,	
to Section 1 Form 4 or F 5 obligation may continu See Instruct	6. form A s ne.	ANNUAL ST	NEFICIAL	Estimated a burden hou response	urs per		
1(b). Form 3 Hol Reported Form 4 Transaction Reported	dings Section	17(a) of the	Section 16(a) of the Securities Exchange Public Utility Holding Company Act of) of the Investment Company Act of 19	of 1935 or Section	1		
1. Name and Address of Reporting Person <u>*</u> Abram Michael J			2. Issuer Name and Ticker or Trading Symbol VERSAR INC [VSR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 6850 VERSA	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)07/01/2011	Director X Officer (give below)	10%	% Owner er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Jo		porting	

SPRINGFIELD, VAÂ 22151

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Secur (A) or D (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/28/2008	Â	F4 <u>(1)</u>	9999	D	\$ 6.04	38,569 <u>(2)</u> (3)	D	Â		
Common Stock	01/23/2009	Â	F4 <u>(1)</u>	2,009	D	\$ 3.75	38,569 <u>(2)</u> (3)	D	Â		
Common Stock	02/02/2010	Â	F4 <u>(1)</u>	1,008	D	\$ 3.2	38,569 <u>(2)</u> (3)	D	Â		
Common Stock	Â	Â	Â	Â	Â	Â	589	Ι	By 401(k) Plan		

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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.

SEC 2270 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr	. 3 and 4)		B
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						Date	Expiration	m. 1	or		
						Exercisable	Date	Title	Number		
					(A) (D)				of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			
Abram Michael J 6850 VERSAR CENTER SPRINGFIELD, VA 22151	Â	Â	Senior Vice President	Â			
Signatures							
/s/James C. Dobbs/POA for Mic Abram	hael J.	0	8/08/2011				
<u>**</u> 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).
- (1) The reporting person surrendered shares to pay witholding tax upon the vesting of restricted shares.
- (2) Includes 4,582 shares acquired under the Versar Employee Stock Purchase Plan.
- (3) This transaction occured in a prior fiscal year and beneficial ownership information as of the date of this transaction is not readily available. The number of securities beneficially owned is based on ownership as of the date of this report on Form 5.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.