FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] Barpoulis John C | | | | | | 2. Issuer Name and Ticker or Trading Symbol USEC INC [USU] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|---|--|--------|--|---------------------------------|--|-------|-------------------------------------|-------------------|-----------------------------------|---|---|----|-----------------------------------|---|--|--|--|---|--|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2011 | | | | | | | | x | Offic belov | , | nd CFO | below | (specify | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BETHESDA MD 20817 | | | | | | | | | | | | | | | X | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (Ony) | | | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Image: Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, r) if any (Month/Day/Year) | | Transaction D Code (Instr. ar | | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | 3,4 Secur Benef Owne | | icially d | 6. Owne Form: D (D) or Indirect | irect | 7. Nature of Indirect Beneficial Ownership | | |
| | Code | v | Amount | | | | | | A) or D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | | | | |
| Common Stock 03/03/2 | | | | | 2011 |)11 | | | F | | 5,069 | , | D | \$ <u>5</u> . | \$5.25 | | 360,326 | | | | |
| Common Stock 03/04/ | | | | | 011 | | | | F | | 6,048 | 3 | D | \$5.48 | | 354,278 | | D | | | |
| Common Stock 03/04/2 | | | | | 2011 | 011 | | | | | 7,560 |) | D | \$5.48 | | 8 346,718(1) | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion D | | 3. Transaction Date (Month/Day/Year) | if any | tion Date, | 4. Transac Code (lı 8) | tion of | | 6. Date E: Expiratio (Month/D | te | r) Amou Unde Deriv Secur | | Title and mount of ecurities nderlying erivative ecurity (Instr. and 4) Amount | | rice vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forr Dire or Ir (I) (I 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) (| (D) | Date Exercisat | | Expiration Date | Title | of | mber ares | | | | | | | |

Explanation of Responses:

1. Includes 187,629 restricted shares issued pursuant to the Company's equity incentive plan.

/s/ Kerri R. Morey, Attorney-03/07/2011

In-Fact

** Signature of Reporting Person Date

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

* 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.

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 Number.

Check this box if no longer subject to Section 16. Form 4 or Form 5