FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL										
OMB Number	3235-02									

Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* GROWCOCK TERRY D					2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [HSC]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GROWCOCK TERRY D														V Director	r		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015								Officer below)	(give title		Other (s below)	pecify	
350 POPLAR CHURCH ROAD						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
					4. li	f Ame	endment, [Date o	of Original File	ed (N	Month/Da	ıy/Year)	6. Ir Line		oint/Group	Filing	(Check App	olicable	
(Street) CAMP H	HILL PA	A	17011											Y Form fi	•		orting Persor	- 1	
(City)	(S	state)	(Zip)		-									Persor		c triair	One repor		
					4:	- 0-						f D	6: . : . !!	0	<u> </u>				
		ıar	ie i - Nor	1-Deriv	ative	e Se	curities	S AC	quired, Di	sp	osea o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			ion Date, Transaction Code (Inst					Securitie Beneficia	Amount of ecurities eneficially wned Following		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	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)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code (8)		5. Number of		6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex Da	epiration ate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	05/15/2015			A		286.41		(1)		(1)	Common Stock	286.41	\$0	30,828.	139	D		
Phantom Shares	(2)	05/15/2015			A		8.924		(2)	Г	(2)	Common	8.924	\$0	752.91	13	D		

Explanation of Responses:

- 1. Represents reinvestment of dividends into restricted stock units granted under the 1995 Non-Employee Directors' Stock Plan, which grant has a one-year vesting period. The restricted stock units will be settled promptly in shares of common stock on a one-for-one basis following termination of the Reporting Person's service as a director of the Issuer.
- 2. Represents reinvestment of dividends into deferred compensation under the Deferred Compensation Plan for Non-Employee Directors. Each phantom stock unit represents a right to be paid in cash an amount equal to the fair market value of one share of Issuer stock at the date of settlement. The scheduled settlement for the phantom stock units is following termination of the Reporting Person's service as a director of

Remarks:

/s/ Terry D. Growcock

05/19/2015

** 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.