FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-010								
Estimated average burden								
hours per response	: 0.5							

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

Claro Galdino J.			Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol HARSCO CORP [ HSC ]						
(Last) (First) (Middle) 350 POPLAR CHURCH ROAD				Relationship of Reporting Per- (Check all applicable)     Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
					X Officer (give title below)		Other (specify below)  Metals		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)						CEO, Harsco M			X Form filed by One Reporting Person		
CAMP HILL	PA	17011							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit			4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares	Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

No securities are beneficially owned.

Galdino J. Claro 06/02/2009

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).