FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ton, D.C. 20549		OMD
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Ш	OMB Number:	3235-0287							
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APPROVAL

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*					2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [HSC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>GROWCOCK TERRY D</u>					1			<u> </u>	_[1100]					X Directo	or		10% Ow	ner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/06/2016								Officer below)	(give title		Other (s below)	pecify	
350 POP	LAR CHU	RCH ROAD																	
					4.1	f Ame	ndment. [Date o	of Original Fi	led (Month/Da	ıv/Year)	6. 11	ndividual or 3	loint/Group F	=ilina ((Check App	licable	
(Street)							,		3			, ,	Line			3 .	(1-1-		
CAMP F	HILL PA	Λ	17011											X Form f	led by One I	Repor	ting Person	ı	
		_			.										led by More	than (One Report	ting	
(City)	(6)	tate)	(7in)											Persor	1				
(City)	(5	iale)	(Zip)																
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned	I				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			ed (A) or tr. 3, 4 and		s Form			7. Nature of Indirect			
				(Month/	n/Day/Year)		if any (Month/Day/Yea				5)				ollowing	(D) or Indirect (I) (Instr. 4)	tr. 4) (Beneficial Ownership	
									Code	,	Amount	(A) or	Price	Reported Transact	tion(s)			(Instr. 4)	
									Code		Amount	(D)	11100	(Instr. 3	and 4)				
		-	Table II -	Deriva	tive	Sec	urities	Acq	uired, Dis	spo	sed of,	or Bene	eficially	Owned					
				(e.g., p	outs,	call	s, warra	ants	, options	, cc	onvertil	ble secu	rities)						
1. Title of	2.	3. Transaction	3A. Deeme	d /	4.		5. Numb	oer	6. Date Exe	rcisa	ble and	7. Title an	d Amount	8. Price of	9. Number	of :	10.	11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution	Date,	Transa		n of		Expiration I	Date		of Securities		Derivative Security	derivative Securities	`	Ownership	of Indirect Beneficial	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/Year)		Code (Ir ear) 8)		Securities		(Month/Day/Year) Underlying Derivative Sect				Security	(Instr. 5)	Beneficially	y i	Direct (D) O	Ownership	
	Derivative Security						Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)				nd 4)		Owned Following Reported		or Indirect (Ir (I) (Instr. 4)	(Instr. 4)	
	County															- 1			
															Transaction(s) (Instr. 4)	n(s)			
				F			1	Ė		\neg			Amount	1	[
													or						
									Date	E	piration		Number of						
					Code	٧	(A)	(D)	Exercisable	Di	ate	Title	Shares						
Restricted Stock	(1)	05/06/2016			A		15,714		(1)		(1)	Common Stock	15,714	\$0	47,685.95	55	D		

Explanation of Responses:

1. Represents restricted stock units granted under the 2016 Non-Employee Directors' Long-Term Equity Compensation Plan. Each restricted stock unit shall vest at the close of business on the earlier of (i) the first anniversary of the grant date or (ii) the annual meeting of the Issuer's stockholders in the year immediately following the year of the grant date.

Remarks:

/s/ Terry D. Growcock

05/0<u>9/2016</u>

** 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.