FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

aton, D.C. 20549	0145.45
,	∥ OMB APF

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average burden										

0.5

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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

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1. Name and Address of Reporting Person* WIDMAN PHILLIP				2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [HSC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WIDN	AN PHIL	<u>.LIP</u>								ı				X Directo	or		10% Ow	/ner
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015									Officer (give title Other (below) below)			pecify
350 POP	LAR CHU	RCH ROAD																
					4 11	f Ame	ndment [Date (of Original F	iled ((Month/Da	v/Year)	6.1	ndividual or .	loint/Groun	Filina	(Check Anr	nlicable
(Street)								Julio (. Origina. I		(.y, .ou.,	Lin		70и Стоир	9	(0.1001.7.1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CAMP F	HILL PA	\	17011											X Form f	iled by One	Repo	rting Persor	ı
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					·									Persor	1			-
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	Ac	guired, D	Disp	osed o	f, or Be	neficial	ly Owned	<u> </u>			
1 Title of 9	Socurity (Incl			2. Trans		_	2A. Deeme		3.	ġ		ties Acquire		5. Amou		6 Ov	vnership	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da							ecution Date,				d Of (D) (Instr. 3, 4 a			s For		: Direct	of Indirect Beneficial	
					.,.			onth/Day/Year)						Owned I	Following (I)		Instr. 4)	Ownership
								Code V		Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		- 1'	(Instr. 4)	
									Code				File			(Instr. 3		
		-	Гаble II -	Deriva	tive	Sec	urities /	Aca	uired. Di	spo	sed of.	or Ben	eficially	Owned				
									, options									
1. Title of	2.	3. Transaction	3A. Deeme	n [4	4.		5. Numb	ner	6. Date Exe	rcisa	hle and	7. Title an	d Amount	8. Price of	9. Number	of	10.	11. Nature
Derivative	Conversion	Date	Execution	ion Date, T		ction	n of		Expiration Date of Securities			ies	Derivative	derivative		Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)		Code (In ar) 8)		(Instr. Derivative Securities					Underlyin Derivative		Security (Instr. 5)	Securities Beneficial		Form: Direct (D)	Beneficial Ownership
Derivative Security					٠,		Acquired		(Instr. 3 and 4)				(Owned	,	or Indirect (II	(Instr. 4)	
							(A) or Dispose								Following Reported		(I) (Instr. 4)	
								of (D) (Instr. 3, 4 and 5)							Transaction(s) (Instr. 4)			
				H	_		3, 4 and 3)							-	(111501. 4)			
													Amount					
										_			Number					
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares					
Restricted										T		Common						Ì
Stock Units	(1)	08/17/2015			A		72.784		(1)		(1)	Stock	72.784	\$0	11,078.2	32	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.

Remarks:

/s/ Phillip C. Widman

08/1<u>8/2015</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.