FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEF	ICIAL OV	<b>NNERSHIP</b>

OMB A	PPROVAL
OMB Number:	3235-0287
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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 ]									ationship of all applica Director			son(s) to Issuer 10% Owner	
(Last) 350 POP	,	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/17/2010						Officer ( below)	give title		Other (s below)	pecify			
(Street) CAMP F		A State)	17011 (Zip)		4. If Am∈	endment, C	Oate o	of Original	Filed	(Month/Da	y/Year)		6. Indiv Line) X	Form file	ed by One	Repor	Check Appl ting Person One Reporti	
(=:9)				Deriva	tive S	ocuritios	. Δc	auired	Die	nosed (	of or Re	nefici	ally (	Dwned				
1. Title of Security (Instr. 3)			2. Transac Date	action 2A. De Execut Day/Year) if any		A. Deemed Execution Date,		Code (Instr.		ed (A) oi	or 5. Amoun		s Forn lly (D) o ollowing (I) (Ir		Direct Indirect Etr. 4)	. Nature of ndirect eneficial ownership nstr. 4)		
							Code	V	Amount	unt (A) or (D)		e	Transaction(s) (Instr. 3 and 4)					
Common Stock, \$1.25 par value														1,0	)00		D	
			Table II - D								, or Ben ble secu			wned	,			1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	nsaction Derivative E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and A of Securities Underlying D Security (Inst			ies g Deriva	tive	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour Numbe Shares	er of		Transaction(s) (Instr. 4)			
Phantom Stock Units <sup>(1)</sup>	(1)	05/17/2010 <sup>(1)</sup>	(1)	A <sup>(1)</sup>		4.701 <sup>(1)</sup>		(1)		(1)	Common Stock, \$1.25 par value <sup>(1)</sup>	4.70	1 <sup>(1)</sup>	(1)	629.227	7 <sup>(1)</sup>	D	
Restricted Stock Units <sup>(2)</sup>	(2)	05/17/2010 <sup>(2)</sup>	(2)	A <sup>(2)</sup>		30.516 <sup>(2)</sup>		(2)		(2)	Common Stock, \$1.25 par	30.51	.6 <sup>(2)</sup>	(2)	6,084.72	27 <sup>(2)</sup>	D	

## **Explanation of Responses:**

- 1. Represents 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 Harsco Corporation Common Stock at the date of settlement. The sheduled settlement for the phantom stock units is following the termination of service as a Director. The deferred compensation credit for fees earned during the quarterly period is the fair market value on the day immediately preceding such credit date. Includes reinvested dividends. The amount credited for each quarterly dividend is payable using the dividend payment date as the valuation date.
- 2. Represents restricted stock units granted under the 1995 Non-Employee Directors' Stock Plan. Each restricted stock unit has a one-year vesting period and will be settled promptly following termination of the individual's service as a Director of the Company. Includes reinvested dividends.

By: Mark E. Kimmel, Attorneyin-Fact For: Terry D. Growcock

05/19/2010

\*\* Signature of Reporting Person

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.