# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

Name and Address of Reporting Person*     SCHNOOR STEPHEN J						2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [ HSC ]								elationship of eck all applic Directo	able) r	g Perso	10% O	vner
(Last)	ast) (First) (Middle) O. BOX 8888					3. Date of Earliest Transaction (Month/Day/Year) 01/22/2009								X Officer (give title below) Other (specification)  Chief Financial Officer				
(Street) CAMP HILL PA 17001-8888					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Zip)																	
		Tal	ole I - No			_			quired	, Dis	1			y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) li	Executio f any	Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock, \$1.25 par value 01/22/2						2009			M		1,333.33	3 A	\$26.15	55 4,442	4,442.5214		D	
Common Stock, \$1.25 par value 01/22/2					2/2009	2009			F		499.33	D	\$26.15	3,943	3,943.1914		D	
Common Stock, \$1.25 par value														1,78	1,781.5(1)			Savings Plan
Restricted Stock Units 01/22/2					2/2009	2009			М		1,333.33	3 D	\$26.15	55 2,60	2,666.67		D	
			Table II								osed of, convertik			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	5. Number 6. of Ex		ercisa i Date iy/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Units- EICP <sup>(2)</sup>	(2)								(2)	0:	1/24/2009 <sup>(2)</sup>	Common Stock, \$1.25 par value	(2)		2,700	0	D	
Restricted Stock Units - EICP <sup>(3)</sup>	(3)								(3)	0	1/23/2010 <sup>(3)</sup>	Common Stock, \$1.25 par value	(3)		2,333.	33	D	

### **Explanation of Responses:**

- 1. These shares were acquired under the Harsco Corporation Savings Plan in transactions that were exempt from Section 16(b) by virtu e of Rule 16a-8(b). The information presented is as of December 31, 2008.
- 2. Represents restricted stock units granted under the 1995 Executive Incentive Compensation Plan. Each restricted stock unit has a three year vesting period. No dividends are paid on the units until they vest.
- 3. Represents restricted stock units granted under the 1995 Executive Incentive Compensation Plan. Grant has three year pro-rata ve sting. No dividends are paid on the units until they vest.

# Remarks:

Stephen J. Schnoor

01/26/2009

\*\* 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.