FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| I | OMB APPRO | VAL | | | | | | | |
|----------------------|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | hours per response: | 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 an Gerson | | 2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [HSC] | | | | | | | | | | k all app Dired | | ng Pers | 10% (| Owner | | | | |
|---|--|---|-----------|----------------------------|-------|---|--------------------------------------|--------|---|--------|---|---|------------|--------------|---|--|--|--|--|---|
| (Last) (First) (Middle) 350 POPLAR CHURCH ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2011 | | | | | | | | | | belov | cer (give title ow) V.P. & Indust. | | Other (specify below) Group Pres. | |
| (Street) CAMP HILL PA 17011 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Ind Line) | <i>'</i> | | | | |
| | | | Table I - | Non-Deriv | ative | Sec | uritie | s A | cqui | red, l | Dis | posed of | , or I | Benef | icially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | Securi Benefi Owned | Amount of ecurities eneficially wned Following | | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Am | nount | (A) (D) | or Pr | ice | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock, \$1.25 par value 11/07/20 | | | | | | | | | S | | 3,2 | 219.4285 ⁽¹ | (1) D \$22 | | 22.665 | 0 | | D | | |
| Common | Stock, \$1.25 par value ⁽²⁾ | | | | | | | 510.85 | | I | by Managed Account ⁽²⁾ | | | | | | | | | |
| | | | Table | II - Derivat (e.g., pı | | | | | | | | osed of, o | | | | wned | | | • | |
| 1. Title of Derivative Security (Instr. 3) | vative urity or Exercise Price of Derivative Security Execution Date (Month/Day/Year) Execution Date (if any (Month/Day/Year) | | | 4. Transa Code 8) | | 5. Nui of Derivi Secui Acqui (A) or Dispo of (D) (Instr. and 5 | ative ities red sed 3, 4 | | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | Dei Ser (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / D O (I | 0. Ownership Form: Direct (D) Or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Includes 105.9044 shares acquired through dividend reinvestments that were exempt from Section 16(b) and not reflected in the Reporting Person's last report.
- 2. Includes 670.097 shares that were acquired in the Harsco Corporation Retirement Savings and Investment Plan in transactions that were exempt from Section 16(b) since the date of the Reporting Person's last report. The information presented is as of October 31, 2011.

Scott H. Gerson

11/09/2011

** 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.