FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed purguant to Section 16(a) of the Securities Eychange Act of 1934

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
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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).

37 Estimated average burden hours per response: 0.5

| | (-) | | | | or Secti | on 30(h) of the | Investn | nent Co | mpany Ac | t of 19 | 940 | | | | | | | |
|---|-----|-----|---------------------------------|---|--|--|---------|--------------------|---|---------|---|--|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person* GROWCOCK TERRY D (Last) (First) (Middle) 350 POPLAR CHURCH ROAD | | | | | 2. Issuer Name and Ticker or Trading Symbol HARSCO CORP [HSC] | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2011 | | | | | | | _ | Officer (give title | | | Other (specify below) | | | |
| (Street) CAMP HILL PA 17011 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non- | Deriva | ative Se | curities Ac | quire | d, Dis | posed (| of, o | r Ben | eficiall | y Owned | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Code (Instr. 5) | | | | | Securitie Beneficia Owned F | 5. Amount of Securities Beneficially Owned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Cod | le V | Amount | : | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | | |
| | | - | | | | urities Acq s, warrants | | | | | | | Owned | | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Co | ansaction ode (Instr. | on of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of S Und Der | Fitle and A Securities derlying rivative S str. 3 and | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficia Ownershi (Instr. 4) | | | |

Explanation of Responses:

Phantom

Restricted

Stock

Units

Stock Units

(1)

1. Represents reinvested dividends on 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 Issuer Common Stock at the date of settlement. The scheduled settlement for the phantom stock units is following termination of the Reporting Person's service as a

Date

Exercisable

(1)

(2)

(D)

Expiration

(1)

(2)

Title Common

Stock,

\$1.25 par value

Common

Stock, \$1.25 par

value

Date

2. Represents reinvested dividends on 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.

> By: Mark E. Kimmel, Attorney-In-Fact For: Terry D. 11/17/2011 Growcock

660.348

8,860.616

D

D

** Signature of Reporting Person Date

Amount or Number

of Shares

6.208

59.573

\$21.6

\$21.6

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).

11/15/2011

11/15/2011

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

(A)

6.208

59.573

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.