FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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gton, D.C. 20549	OMB APPROVAL
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	OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person*  GROWCOCK TERRY D					2. Issuer Name <b>and</b> Ticker or Trading Symbol HARSCO CORP [ HSC ]								elationship of eck all applica X Director	,		on(s) to Issu 10% Ow	
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/17/2009								Officer ( below)	(give title	Other (sp below)		pecify
(Street) CAMP F		State)	17001-8888 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trans					action 2A. Deemed				uired, Disposed of, or Benefic  3. 4. Securities Acquired (A)				5. Amount of				7. Nature of
			Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr.		istr. 3, 4 and t	Beneficia Owned Fo	lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership			
							Code	v	Amoun	t (A)	or Price	Reported Transaction (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock, \$1.25 par value													1,0	1,000		D	
			Table II - D					quired, D s, optior			,	,	Owned				
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		Derivative Securities Acquired or Dispo of (D) (In	Derivative Ex		. Date Exercisabl expiration Date Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie: Beneficia Owned Following Reported	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)		
Phantom Stock Units <sup>(1)</sup>	(1)	02/17/2009		J		132.393		(1)		(1)	Common Stock, \$1.25 par value	132.393(1)	(1)	132.39	93	D	
Restricted Stock Units- NEDSP <sup>(2)</sup>	(2)							(2)		(2)	Common Stock, \$1.25 par value	(2)		2,000	0	D	

## **Explanation of Responses:**

- 1. Represents deferred compensation under the 1995 Non-Employee Directors' Stock Plan. Each phantom stock unit represents a right to be paid in cash an amount equal to the fair market value of one share of Harso Corporation Common Stock at the date of settlement. Represents a scheduled settlement date for the phantom stock units to be paid in cash in a lump sum commencing within six months of his termination date with the Board. 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.

## Remarks:

Mark E. Kimmel, Attorney-in-

02/19/2009

<u>fact</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.