Edgar Filing: HARSCO CORP - Form 4

ILADGOO CODD

| Form 4 July 03, 2014 | | | | | | | | | | | |
|--|---|-----------|---|--|-------------|------------------|-------------------------------------|--|---|------------------------|--|
| FORN | _ | | | | | | | | OMB A | PPROVAL | |
| | UNITED | STATES | | ITIES Al hington, | | | NGE | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o | ger STATEN 6. | IENT O | NT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES | | | | | | Expires: Estimated a burden hou response | urs per | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | inue. Section 17(| a) of the | | ility Hold | ing Com | ipany | Act o | ge Act of 1934, f 1935 or Sectio 40 | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| EVERITT DAVID C Symbol | | | Symbol | er Name and Ticker or Trading CO CORP [HSC] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | Aiddle) | 3. Date of Earliest Transaction | | | | (Che | heck all applicable) | | | |
| 350 POPLA | R CHURCH RO | AD | (Month/Da 07/01/20 | - | | | | Director X Officer (giv below) | | % Owner er (specify | |
| | | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| CAMP HIL | L, PA 17011 | | | | | | | _X_ Form filed by Form filed by Person | One Reporting Po More than One Ro | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Date, if | | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Stock, \$1.25 par value | 07/01/2014 | | | А | 4,929 | A | \$0 | 27,672 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / | Address | Relationships | | | | | | | |
|---|------------|---------------|-------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| EVERITT DAVID C 350 POPLAR CHURCH CAMP HILL, PA 17011 | | | Interim CEO | | | | | | |
| Signatures | | | | | | | | | |
| David C. Everitt | 07/03/2014 | | | | | | | | |
| **Signature of | Date | | | | | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person