## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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 and Address of Reporting Person* <u>Longhi Mario</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol HARSCO CORP [ HSC ]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 350 POPLAR CHURCH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 04/20/2022								Officer (give title Other (specify below) below)						
(Street) CAMP F			17011 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable ) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Di					Execution Date,			3. Transactio Code (Inst	n Dispo		ies Acquire Of (D) (Inst		Securitie Beneficia Owned F	Securities Form		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V	Amou	nt	(A) or (D)	Price	Transact						
	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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			ransaction Derivative ode (Instr. Securities			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  T. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)				f G Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e S Illy	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)			
Restricted Stock Units	(1)	04/20/2022			M			5,806	(2)	(2)		Common Stock	5,806	\$0.00	0		D		
Phantom Stock Units	(3)	04/20/2022			A		5,806		(3)	(3)		Common Stock	5,806	\$0.00	22,20	5	D		

## **Explanation of Responses:**

- 1. Restricted Stock Units convert into common stock on a one-for-one basis.
- 2. On May 10, 2021, the reporting person was granted 5,806 restricted stock units that vested on the earlier of (i) the first anniversary of the grant date or (ii) the issuer's annual meeting of stockholders in the year immediately following the year of the grant date.
- 3. Represents deferred compensation under the 2016 Non-Employee Directors' Long-Term Equity Compensation Plan. Each phantom stock unit represents the right to be paid in cash an amount equal to the fair market value of one share of Harsco 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 thirty days at the begin of the calendar year 2025.

## Remarks:

/s/ Mario Longhi

04/22/2022

\*\* 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.