FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							. ,				' '											
	d Address of		2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>Meierhoefer Cameron</u>							GOMOGORE, MAG. [SCOR]									Direc	ctor	10%	Owner			
																Office	er (give title v)	Othe below	r (specify v)			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)											Chief Operating Officer					
C/O COMSCORE, INC.							11/19/2014									•	onici Opci	dillig Officer				
11950 DEMOCRACY DRIVE, 6TH FLOOR																						
11500 DEMOCRACT DRIVE, UTH FLOOR							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
						4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)							
(Street)																X Form filed by One Reporting Person						
RESTON	I VA	Λ 2	0190												, , ,							
																Form filed by More than One Reporting Person						
(City)	(6+	ate) (Zip)												1 613011							
(City)	(51	aie) (.	<u></u>																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	r. 3)		2. Transa	action					3. 4. Securities Acquired (A) of							ount of	6. Ownership	7. Nature			
		•		Date (Month/F))	Execution Date,						(D) (Instr. 3, 4 and					Form: Direct (D) or Indirect	of Indirect Beneficial				
(Month/Da						y/Year) if any (Month/Day/Year)											(I) (Instr. 4)	Ownership				
												(A) or Price			Repor				(Instr. 4)			
									Code	۱۷	Amount		(A) 01 (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 11/19/									S		1,200(1)		D	\$43.91		40,192		D				
		_				e Securities Acquired, Disposed of, or Beneficia																
		Та													y Ov	vned						
				e.g., pu	uts, c	alis	, warr	ants,	option	is, c	onvertib	ne s	securi	ues)								
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		4. Transaction Code (Insti		on of tr. Derivative		6. Date Exercisable Expiration Date			le and 7. Title and Amount of			8. Price of Derivative		9. Number o derivative	10. Ownership	11. Nature of Indirect			
Security	or Exercise Price of Derivative	(Month/Day/Year)	if any	· ((Month/E			Securities			Security		Securities	Form:	Beneficial			
(Instr. 3)			(Month/Da		8)		Securities Acquired					Underlying Derivative			(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)			
Security						(A) or		Security (Instr.				str. 3	3		Following	(I) (Instr. 4)	(
								Disposed and of (D)				and 4)			Reported Transaction(s)	(c)	1					
						(Instr. 3, 4										(Instr. 4)	(3)	1				
				L			and 5	and 5)							╛				1			
			Γ									Am	ount					1				
						ı		i I					or						1			
								Date		Expiration		of	mber									
					Code	v	(A)	(D)	Exercisa		Date	Title	e Sha	ares					1			

Explanation of Responses:

1. Shares disposed of pursuant to a 10b5-1 plan entered into in June, 2014.

Remarks:

/s/ Christiana Lin, Attorney-in-**Fact**

11/20/2014

** 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.