FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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

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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [ SCOR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Lin Christiana L</u>					1	GOMBGOILE, HVG. [ SCOR ]									Dire		ctor	109	6 Owner		
					-										X Offic		er (give title w)	Oth belo	er (specify ow)		
(Last)	(Fii	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											General Counsel		,		
C/O COMSCORE, INC.				108/	08/12/2015									General Counsel							
11050 DI	EMOCDAC	Y DRIVE, 6TH	EI OOD																		
11330 D1	LIVIOCITAC	I DRIVE, UIII	PLOOK		4 If	4 If Amandment Date of Original Filed (Manth/D-::/\frac{1}{2}-1)									C. Individual or Joint/Croup Filing (Charle Acciliately						
,					-   4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Forn	n filed by One	e Reporting P	erson		
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(City)	(C)	oto) /	Zim)													1 010	011				
(City)	(31	ate) (	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	r. 3)		2. Transa	action	ction 2A. Deemed 3. 4. Securities Acquired (A)										ount of	6. Ownership				
	- 1	•		Date (Month/D	and Voc	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 ar	nd	Securi Benef		Form: Direct (D) or Indirect					
(MONTH)Da				Jayrica	(Month/Day/Year)							Owned		d Following	(I) (Instr. 4)	Ownership					
										(A) or Price			Reported Transaction(s)			(Instr. 4)					
									Code	٧	Amount		(A) 01 (D)	Price		(Instr. 3 and 4)					
Common Stock 08/12/3					2/2015				S		1,000 <sup>(1)</sup> D \$		\$60	0.61 66,781		D					
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1. Title of	2.	3. Transaction	3A. Deem	ha	4.		5. Nu	mher	6 Date F	verci	sable and	7 т	itle and		g Dr	ice of	9. Number o	f 10.	11. Nature		
Derivative	Conversion	Date	Execution if any		Transactio				Expiration Date A			Amount of			Derivative		derivative	Ownersh	ip of Indirect		
Security	or Exercise Price of	(Month/Day/Year)			Code ( 8)	Instr.			(Month/E	Day/Ye	ear)	Securities			Security		Securities Beneficially	Form: Direct (D	Beneficial Ownership		
(Instr. 3) Price of (Month/Day/Year) Derivative (Month/Day/Year)							Securities Acquired		Underlying Derivative				(Instr. 5)		Owned	or Indire					
	Security				(A) or					Security (Instr.			3		Following	(I) (Instr.	4)				
								Disposed of (D)				and 4)					Reported Transaction(s	(s)			
							(Instr. 3, 4										(Instr. 4)	("			
				L	and 5)																
														ount							
								or Nu	mber												
									Date		Expiration		of								
					Code	V	(A)	(D)	Exercisa	ıble	Date	Title	e Sha	ares							

## **Explanation of Responses:**

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

## Remarks:

/s/ Christiana Lin

\*\* Signature of Reporting Person

08/12/2015

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.