FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ington, D.C. 20549 | OMB APPROVAL |
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| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | | | . , | | | | <u> </u> | | | | | | | | | | |
|---|---|--|--|---------------|-----------------------------|--|---------|--------|-------------------------------------|--------|--|---|-----------------|--|---|---|---|--|---|--|--|
| 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> | | | | | ٦ | COMOCOND, IIIO. [SCOR] | | | | | | | | | | Direc | tor | | 10% O | wner | |
| | | | | | | 2. Data of Farities t Transportion (Marsh (Day (Marsh | | | | | | | | | | | Officer (give title pelow) | | Other (specify below) | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2015 | | | | | | | | | General Counsel | | | | | | |
| C/O COMSCORE, INC. | | | | | | | | | | | | | | | | | | | | | |
| 11950 DEMOCRACY DRIVE, 6TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) | | | | | | |
| RESTON | I VA | | 20190 | | | | | | | | | | | | X | Form | filed by One | e Reportin | g Pers | on | |
| TESTON VII 20130 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | es Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Second Sec | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 06/03/2 | | | | | /2015 | | | | | | 1,000 | 1) | D | D \$56.7 | | .79 68,158 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | Date, Transaction Code (Ins | | | | 6. Date E Expiration (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | itive ity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nui of | ount mber ares | er | | | | | | |

Explanation of Responses:

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

Remarks:

/s/ Christiana Lin

06/04/2015

**

** Signature of Reporting Person Date

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

- * 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.