Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

IN BENEFICIAL OWNERSHIP

<b>STATEMENT</b>	OF	CHAI	<b>NGES</b>

	OMB APP	ROVAL
	OMB Number:	3235-0287
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П	hours nor response:	0.5

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

Name and Address of Reporting Person*     Matta Serge						2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [ SCOR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Matta Seige													X	Directo	r		10% Ov				
					_	Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s	specify		
(Last)	`	,	(Middle)			Date ( /15/2		Transa	action (Mo	onth/[	Day/Year)				Delow)			,			
C/O COMSCORE, INC.					102	113/2	2010								Director & CEO						
11950 DEMOCRACY DRIVE, 6TH FLOOR					L																
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)  RESTO	N V	Λ	20190											3	X Form filed by One Reporting Person						
RESTOR	N V	A	20190		_										Form fi	led by Mor	•	One Repor			
(City)	(S	tate)	(Zip)												Person	I					
		Tak	le I - Noi	n-Deri	vativ	e Se	curities	s Acq	uired,	Dis	posed o	f, or B	ene	ficially	/ Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A				5. Amou				7. Nature						
				ear)			Code (Instr.					, 4 and	Securitie Beneficia	ally (	(D) or	Indirect	of Indirect Beneficial				
													Owned F Reported	Owned Following			Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Transact	ction(s)			(		
Common Stock 02/15/					5/201	2016		A		14,605		1	\$0	45,683			D				
							+			_			+		_	-					
Common Stock 02/15/				5/201	/2016		F		4,898 <sup>(2)</sup> D		)	\$35.6	40,785			D					
		•	Table II -					•		•				-	Owned						
				(e.g.,	puts,	call	s, warr	ants,	option	s, c	onverti	ble sec	urit	ies)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis: Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or Nu of	umber							
Restricted Stock	\$0.0	02/15/2016			A		29,210		(3)		2/15/2018	Commo	n 29	9,210	\$0	29,210	0	D			

## **Explanation of Responses:**

- 1. Restricted stock award granted pursuant to the terms of comScore, Inc. 2007 Equity Incentive Plan. Shares vested immediately on February 15, 2016.
- 2. These shares were deducted to cover tax withholding obligations associated with the restricted stock award vesting on February 15, 2016.
- 3. Granted pursuant to the terms of comScore, Inc. 2007 Equity Incentive Plan. 14,605 shares will vest on February 15, 2017, and 14,605 shares will vest on February 15, 2018, provided that the recipient continues to provide services through each such date.

## Remarks:

/s/ Christiana Lin, Attorney-in-

02/17/2016

<u>Fact</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.