FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APF	PROVAL
1	OMB Number	3235-02

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	on 30(l	h) of the	Ínvestme	nt Co	mpany Act	of 1940							
1. Name and Address of Reporting Person* Brown Michael Andrew						2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]									eck all appli Directo	cable) or	ng Per	rson(s) to Iss	vner
(Last) (First) (Middle) 11950 DEMOCRACY DRIVE SUITE 600				03/	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2015									X Officer (give title Other (specify below) Chief Technology Officer					
(Street) RESTON VA 20190 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)			(Zip)	n Doris	/otiv/	. 50	ourit	ioo Ao	auirad	Die	nocod d	of or l	- Pone	ficial	ly Owns	٠			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ction 2A Ex ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.				(A) or	5. Amou Securiti Benefic	unt of es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D) or)	Price	Transac (Instr. 3	tion(s)			(111501.4)
Common Stock 03/01/.					L/ 201 5	2015			М		7,557	(1)	A	\$ <mark>0</mark>	39	39,096		D	
Common	Stock			03/01	L/ 201 5	5			F		3,313	(2)	D	\$51.5	9 35	,783		D	
		7	able II -								osed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	Code (Ins		on of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Owi For Ily Dire or Ii	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	O N O	r lumber					
Restricted Stock Unit	\$0.0	03/01/2015		T	M			7,557	(1)		11/07/2017 Common Stock			7,557	\$0	8,185		D	

Explanation of Responses:

1. Granted pursuant to terms of comScore, Inc. 2007 Equity Incentive Plan. The total award will be earned, if at all, in four increments as follows, 7,557 shares, 1,575 shares, 3,464 shares, 3,146 shares, if the average daily closing price of the Company's common stock on the NASDAQ Global Market during any consecutive thirty-day period exceeds \$48.00, \$50.00, \$55.00, and \$60.00, respectively. This amount reflects the vesting of restricted stock (RSU) that vested on March 1, 2015, upon which date the reported closing price of the Company's common stock price exceeded an average of \$48 for the preceding 30

2. These shares were deducted to cover tax withholding obligations associated with the restricted stock award vesting on March 1, 2015.

Remarks:

/s/ Christiana Lin, Attorney-in-03/03/2015 **Fact**

** 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.