FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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

					_																	
1. Name and Address of Reporting Person * Lin Christiana L						2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Lin Cin	istialia L				1											Direc			10% C			
(Last) (First) (Middle)					3 D	2. Data of Earlight Transaction (Month/Day/Voor)									X Office below		cer (give title ow)		Other (specify below)			
(Last)	•	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/04/2011											General Counsel					
C/O CON	MSCORE, I	NC.			104/	04/2	UII								General Counser							
11950 DEMOCRACY DRIVE, 6TH FLOOR																						
11000 21		1 210 , 2, 0111	120011		Δ If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
					7. "	AIIIC	marrient,	Date of	Oligilia	i i iicc	(WOTHINDE	ду/ ГС	uij		Line)							
(Street)															X	Form	n filed by One	e Report	ina Pers	on		
RESTON	I VA	1 2	20190														•		•			
																Pers	n filed by Mor on	e man c	ле кер	orung		
(City)	(6+	ate) (Zin)																			
(City)	(31	ale) (Zip)																			
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed					
1. Title of S	Security (Inst	r. 3)		2. Transa	ction	2	A. Deem	ed	3.		4. Securit					5. Amo	ount of	6. Own	ership	7. Nature		
	,,,	-,		Date	aWaa		xecution Date,		Transaction D		Disposed	Disposed Of (D) (Instr. 3, 4		3, 4 aı					orm: Direct D) or Indirect	of Indirect Beneficial		
				(Month/D	ayırea			ny onth/Day/Year)		Code (Instr. 5)		5)							(I) (Instr. 4)	Ownership		
						()		, ,	Ľ	 		1 1					Reported `		.,,	(Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)						
Common Stock 04/04/2					1/2011				S		1,200(1	1)	D \$29		9.77 85,163		5,163	I)			
										<u> </u>	1							l				
		Та	ble II - D) 6)								sed of, onvertib				у Ои	vned						
	1						_							,								
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		Date, Transaction Code (Instr.		tion of str. Derivative		6. Date Exercisable and Expiration Date				7. Title and Amount of		8. Price of Derivative		9. Number o derivative		0wnership	11. Nature of Indirect		
Security	or Exercise	(Month/Day/Year)	if any	,					(Month/Day/Year)				Securities			rity	Securities	Fori	Form:	Beneficial		
(Month/Day/Year					/Year) 8)		Securities		Underlying					(Inst	r. 5)	Beneficially Owned		ct (D) ndirect	Ownership (Instr. 4)			
	Security					Acquired Derivative (A) or Security (Insti							str. 3	3		Following		nstr. 4)	(instr. 4)			
							Disposed of (D) (Instr. 3, 4		and 4)								Reported		["," "]			
																	Transaction(s)					
							and 5)										(
							 					Amoun		ount	1							
													or									
							Date	ate Expiration Numb				mber										
				I.	Code	v	(A)		Date Exercisa	Date Exercisable D		of Title Shares		ires								

Explanation of Responses:

1. Shares disposed of pursuant to a 10b5-1 plan modified on November 2010.

Remarks:

/s/ Christiana Lin 04/04/2011

** 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.