FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

| ington, D.C. 20549 | OMB APPROVAL |
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| - | OMB APPRO | JVAL | | | |
|---|--------------------------|-----------|--|--|--|
| TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | 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* <u>Lin Christiana L</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | | | (Check all | | olicable) ctor | g Person(s) to Issue | | wner |
|---|---|--|--|---------------|---------------------------------|--|--------|--------------------------------------|-------------------------------------|---|---------------------|--|---------------|---------|--|--|---|---|-----------------------|--|
| (Last) (First) (Middle) C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, 6TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015 | | | | | | | | | X | Officer (give title below) General C | | b | Other (specify below) | |
| (Street) RESTON VA 20190 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivi ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, o | r Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) |
| Common Stock 05/20/ | | | | | 2015 | | | S | | 1,000 | | 1) D \$ | | .64 | 69,158 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transac Code (II 8) | | | | 6. Date E Expiration (Month/E | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | estr. 3 | Deriv Secu | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Codo | ., | (0) | | Date Eversion | | Expiration | Tiel | of | mber | | | | | | |

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 05/21/2015

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.