FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---------|--------------|-----------|--|--|--|--|--|--|--|
| IEDGUID | OMB Number: | 3235-0287 | | | | | | | |

0.5

Estimated average burden hours per response:

| ١ | 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

| Name and Address of Reporting Person* Meierhoefer Cameron | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | | | Check all and Di | applicable) irector fficer (give title | Othe | Owner r (specify | |
|---|--|-------------------------|------------------|---|-----------------------------|---|---|------------------|--------|---|-------------|---|------|------------------------------|--|--|---|---|--|
| (Last) (First) (Middle) C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, 6TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2016 | | | | | | | | | 2 be | Chief Operating Officer | | , | |
| (Street) RESTON (City) | I VA | Λ 2 | 20190 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curiti | es Acc | uired, | Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | |
| Dat | | | | Date | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) o | | | nd Sed Ber Ow | Amount of curities neficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | (| | | |
| Common Stock | | | | | 02/15/2016 | | | | A | | 7,988 | 1) | A | \$ | 0 | 48,076 | D | | |
| Common | Common Stock 0 | | | | 02/15/2016 | | | | F | | 2,894 | 2) | D | \$35 | 5.6 | 45,182 | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion | | Date (Month/Day/Year) i | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of l | | 5. Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | | 8. Price of Derivative Security (Instr. 5) | e derivative | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | Date Exercisa | | Expiration Date | Title | Amo or Num of Sha | | | | | | | |

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.

Remarks:

/s/ Christiana Lin, Attorney-in-Fact 02/18/2016

** 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.