FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average I	nurden									

#### 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Matta Serge				2. Issuer Name <b>and</b> Ticker or Trading Symbol COMSCORE, INC. [ SCOR ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Watta Serge</u>					_									X	Officer			10% O	
(Last)	(F	irst)	(Middle)		3.	3. Date of Earliest Transaction (Month/Day/Year)								<b>−</b> X	below)	fficer (give title elow)		Other ( below)	
C/O COMSCORE, INC.					02	02/11/2015								President & CEO					
11950 D	EMOCRAC	CY DRIVE, 6TH	I FLOOR																
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)		led by One	- Reno	ortina Persc	าท
RESTO	N V	A	20190											Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)		_										Person				. 3
				<del></del>					<del></del>	_		<del>,</del> _		<i>.</i>					
			ble I - No	1					<del></del>	DIS	·				_				
			Date	ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02/11					1/201	2015		A		44,912	(1) A	\	\$ <mark>0</mark>	107,378			D		
Common Stock 02/1				02/11	1/201	2015		F		18,096	(2) I		\$43.16	89,282			D		
		,	Table II -	- Deriva	ative	Sec	urities	Acqı	uired, C	isp	osed of	, or Be	nefi	cially (	Owned				
											converti								
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)		of		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Over Signature of the Control of the	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	O N	lumber	ı				
Restricted Stock	\$0.0	02/11/2015			A		30,565		(3)	1	02/18/2017	Restricto Stock		0,565	\$0	30,56	5	D	

## **Explanation of Responses:**

- 1. Restricted stock awards granted pursuant to the terms of comScore, Inc. 2007 Equity Incentive Plan. Shares vested immediately on February 11, 2015.
- 2. These shares were deducted in order to cover tax withholding obligations associated with the restricted stock award vesting on February 11, 2015.
- 3. Granted pursuant to the terms of comScore, Inc. 2007 Equity Incentive Plan. 15,282 shares will vest on February 18, 2016, and 15,283 shares will vest on February 18, 2017, provided that the recipient continues to provide services through each such date.

### Remarks:

/s/ Christiana Lin, Attorney-in-02/13/2015 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.