FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

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* Fink Gregory A					2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify					
(Last) (First) (Middle) C/O COMSCORE INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/07/2018							below) below) Chief Financial Officer					
11950 DEMOCRACY DR. STE. 600					If Amendment, Date of Original Filed (Month/Day/Year)					6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)	I VA	A :	20190							Line							
(City)	(St	ate)	(Zip)		1 0/30/1												
		Tab	le I - Non-D	erivativ	e Se	curities	s Ac	quired, Di	sposed o	of, or Bei	neficiall	y Owned					
Date			Transaction te onth/Day/Y	Execution Date,		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s ally following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect crect E	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code V	Amount	(A) or (D) Price			rted saction(s) . 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	ership n: ct (D) direct nstr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units	\$0.0 ⁽¹⁾	09/07/2018		A		16,502		(2)	(2)	Common Stock	16,502	\$0	16,502		D		
Restricted Stock Units	\$0.0 ⁽¹⁾	09/07/2018		A		24,753		(3)	(3)	Common Stock	24,753	\$0	24,753	3	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock.
- 2. This performance-based restricted stock unit award was granted pursuant to the terms of the comScore, Inc. 2018 Equity and Incentive Compensation Plan. This award will vest on March 1, 2021, subject to the reporter's continued employment with the Company on the vesting date and the achievement of certain revenue and adjusted EBITDA goals set forth in a Performance Restricted Stock Units Award Agreement. The reporter may earn between 0% and 200% of the number of performance-based restricted stock units granted, depending on the level of achievement.
- 3. This restricted stock unit award was granted pursuant to the terms of the comScore, Inc. 2018 Equity and Incentive Compensation Plan. This award will vest in three equal annual installments beginning on March 1, 2019, subject to the reporter's continued employment with the Company on each vesting date.

Remarks:

/s/ Carol DiBattiste, Attorneyin-Fact

09/11/2018

** 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.