FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Katz William | | | | | | | | | | | | | | | X | Direc | ctor | | 10% C |)wner | |
| (Last) (First) (Middle) 11950 DEMOCRACY DRIVE, 6TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2015 | | | | | | | | | | Offic belov | er (give title w) | | Other (spec below) | | |
| 11000 D1 | | T Did v L, offi | LUUI | • | 4.16 | _ | | | | . = 1 | | 0.4 | ` | + | | | 1: 1/0 | F::: (0 | | 12 1 1 | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| RESTON | I VA | VA 20190 | | | | | | | | | | | | | X | Forn | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Pers | OH | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (iiisti. 4) | | |
| Common Stock 07/21/2 | | | | | | | 2015 | | A | | 2,154 | 1) | A \$5 | | .04 | 31,029 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | n Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/D | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | ice of vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direct or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The grant of Restricted Stock is made pursuant to the Company's Director Compensation Policy and will become fully vested at the earlier of the Company's 2016 annual meeting or July 21, 2016.

Remarks:

/s/ Christiana Lin, Attorney-in-Fact 07/22/2015

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.