FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
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hours per response:

| | Check this box if no longer subject to |
|---|--|
| ٦ | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* KORN RONALD J | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | | | | eck all appl | ector | | 10% O | ner | |
|---|---|--|--|---------|-------------------------------|---|------------------|----------|---|------------------|---------|----------------------------|--|--|--|---|--|---|--|--|--|
| (Last) (First) (Middle) 11465 SUNSET HILLS RD. | | | | | | | of Earli 2008 | est Trar | nsacti | ion (Moi | nth/E | Day/Year) | | | Officer (give title below) | | Other (below) | specify | | | |
| #200 (Street) RESTON VA 20190 | | | | | | 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 | | | | | |
| (City) | (Si | tate) | (Zip) | | - | Person | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curit | ies Ad | cqui | ired, C | Disp | osed o | of, or l | 3en | eficial | y Owne | t | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | e, Transaction D Code (Instr. 5 | | | 4. Securi Dispose 5) | | | | Benefic Owned | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) or (D) Price | | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 02/12/2 | | | | | | /2008 | | | M | | 3,000 A | | A | \$4.25 | 10, |),231 ⁽¹⁾ | | D | | | |
| | | 7 | able II - | | | | | | | | | sed of onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (l 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e Ov s Fo ally Dii or g (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | xpiration ate | Title | C | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option Grant | \$4.25 | 02/12/2008 | | | М | | | 3,000 | | (2) | 10 |)/24/2015 | Comm Stock | | 3,000 | \$4.25 | 12,00 | 0 | D | | |

Explanation of Responses:

- 1. The total number of shares includes a grant of 2,231 shares of Restricted Stock that becomes fully vested upon the earlier of the first annual meeting of comScore, Inc. or on July 2, 2008.
- 2. 1/48th of the total number of shares subject to option vest monthly.

Remarks:

/s/ Christiana L. Lin, Attorney

02/12/2008

in 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.