FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|------------|------------|----------------|-------------|
| STATEMENT  | OF CHANGES | IN BENEFICIAL  | OWNERSHIP   |

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person*     Michelle McKenna   |   |  |   |         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol COMSCORE, INC. [ SCOR ] |   |   |                                 |                                      |                 |  |                              |  |   |         | olicable)                          | •   | Person(s) to Issuer<br>10% Owner              |   |  |
|--|---|--|---|---------|--|---|---|---------------------------------|--------------------------------------|-----------------|--|------------------------------|--|---|---------|------------------------------------|---|---|---|--|
| (Last) (First) (Middle) C/O COMSCORE INC.  |   |  |   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2018 |   |                                 |                                      |                 |  |                              |  |   |         | Officer (give title below)         |   |   | Other (specify below)   |  |
| 11950 DEMOCRACY DR. STE. 600  (Street)  RESTON VA 20190  |   |  |   | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |   |   |                                 |                                      |                 |  |                              |  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting |         |                                    |   |   |   |  |
| (City)   | (St   | ate) (.                                    | Zip)  |         |  |   |   |                                 |                                      |                 |  |                              |  |   |         | Pers                               | on  |   |   |  |
|  |   | Tabl                                       | e I - Nor                                     | າ-Deriv | ative  | Se  | curitie   | s Acq                           | uired,                               | Dis             | posed o                                  | f, or                        | Bene   | eficia  | ally (  | Owne                               | ed  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |   |         | Execution ay/Year) if any  |   | a. Deemed<br>ecution Date,<br>any<br>onth/Day/Year) |                                 | Transaction Disposed Code (Instr. 5) |                 | ties Acquired (A)<br>I Of (D) (Instr. 3, |                              |  | 4 and Se<br>Be<br>Ov  |         | Securities F<br>Seneficially (     |   | ship<br>ect<br>irect<br>l)                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |         |  |   |   |                                 | Code                                 | v               | Amount                                   | (                            | (A) or<br>(D)  | Price   |         | Transaction(s)<br>(Instr. 3 and 4) |   |   |   | (11150.4)  |
| Common Stock 06/05   |   |  |   |         | 5/2018   | 3   |   |                                 | A                                    |                 | 6,240 <sup>(1)</sup> A                   |                              | A  | \$  | 0 6,240 |                                    | D   |   |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |  |   |   |                                 |                                      |                 |  |                              |  |   |         |                                    |   |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemd<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transa<br>Code (<br>8)   |   |   | ative<br>rities<br>ired<br>osed | 6. Date E:<br>Expiratio<br>(Month/D  | n Date<br>ay/Ye | 9  | Amo<br>Secu<br>Unde<br>Deriv | cle and<br>unt of<br>urities<br>erlying<br>vative<br>urity (Ins<br>4)  Amo<br>or Nun<br>of Sha | ount  |         |                                    | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne<br>Form:<br>Direct<br>or Ind<br>(I) (Ins | (D)<br>irect  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

## **Explanation of Responses:**

1. This common stock award was granted pursuant to the terms of the comScore, Inc. 2018 Equity and Incentive Compensation Plan as compensation for serving as a member of the Board of Directors of the issuer through the Company's 2018 annual meeting of stockholders. This award vested immediately upon grant and will be delivered no earlier than August 1, 2018 and no later than December 31, 2018, as determined by the Compensation Committee of the Company's Board of Directors.

## Remarks:

/s/ Carol DiBattiste, Attorney-

06/07/2018

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.