FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL				
	OMB Number:	3235-0287				
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l	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*							2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>FULGONI GIAN</u>							<u> </u>									or	10% Owner		/ner		
(Last)	(Fi	rst) (Middle)		3. [Date of Earliest Transaction (Month/Day/Year)								- :	X Officer below)	(give title		Other (s below)	pecify		
C/O CON	MSCORE, I	03/	03/15/2013									Executive Chairman									
11950 DEMOCRACY DRIVE																					
,————	- 4. I	If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir	6. Individual or Joint/Group Filing (Check Applicable										
(Street)															Line)						
RESTON VA 20190															X Form filed by One Reporting Person						
																Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
		Tab	le I - Noi	n-Deriv	vative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or E	Bene	eficial	y Owned	i					
1. Title of Security (Instr. 3) 2. Transplate (Month/L					Exe		A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) (D)	or	Price		ansaction(s) nstr. 3 and 4)			(Instr. 4)					
Common Stock 03/15/2						2013		A		6,921	(1)	4	\$0	870),979]	D				
Common Stock 03/15/2						2013			F		8,756	(2) I)	\$17.3	4 862	2,223		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
					outs,	calls	1		•	-				ties)					1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O Fo oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		xpiration	Title	OI N	umber							
Restricted Stock Units	\$0	03/15/2013			A	-	6,921	\ <u>-</u> /	(3)		3/16/2015	Commo	n e	5,921	\$0	6,921		D			

Explanation of Responses:

- 1. 100% of this amount to vest immediately on March 15, 2013.
- 2. These shares were deducted in order to cover tax withholding obligations associated with recent stock award vestings.
- 3. One half (1/2) to vest each year beginning on the first anniversary of the Grant Effective Date and annually thereafter on future anniversaries of the Vesting Commencement Date, provided that the recipient continues to provide services to the Company through each such date.

Remarks:

/s/ Christiana Lin, Attorney-in-03/19/2013 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.