FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APF | PROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | |

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* Lin Christiana L Christiana L 2. Date Requirir (Month/06/26/. | | | | ment | 3. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | |
|---|---------------|-------|--|---|---|---|---|--|---|---|---|--|
| (Last) (First) (Middle) 11465 SUNSET HILLS ROAD | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| SUITE 200 | | | | X | Officer (give title below) | /Group Filing (Check | | | | | | |
| (Street) | | | | | General Counsel & Secretary | | | | X Form filed by One Reporting Person | | | |
| RESTON | VA | 20190 | | | | | | | | Form filed by Reporting P | y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | | 33,935 | D | | | | | |
| Restricted Stock | | | | | | 19,000(1) | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securit Underlying Derivative Security | | | 4. Conve | rcise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Price (Deriva Securi | tive | Direct (D) or Indirect (I) (Instr. 5) | | |
| Incentive Stoc | k Option Gran | t | (2) | 04/27/2014 | 4 | Common Stock | 208 | 0.2 | 25 | D | | |
| Incentive Stoc | k Option Gran | t | (3) | 04/27/2014 | 4 | Common Stock | 2,660 | 0.2 | 25 | D | | |
| Incentive Stoc | k Option Gran | | (3) | 12/27/2015 | 5 | Common Stock | 10,000 | 4. | 5 | D | | |

Explanation of Responses:

- 1. 25% of the Shares of Restricted Stock shall vest in equal yearly installments over a four (4) year period on each anniversary of the date of grant.
- $2.\,\,1/38 th\ of\ the\ total\ number\ of\ shares\ subject\ to\ option\ vest\ monthly.$
- 3. 1/48th of the total number of shares subject to option vest monthly.

Remarks:

Christiana L. Lin

** Signature of Reporting Person

06/26/2007

ctlv.

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 5 (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.