FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Gillin Leslie				2. Issuer Name and Ticker or Trading Symbol <u>COMSCORE, INC.</u> [SCOR]					tionship of Reportin all applicable) Director	ng Person(s) to I 10% C		
(Last)	(First)	(Middle)		3. Date 06/15	e of Earliest Transa /2023	ction (Month/D	ay/Year)		Officer (give title below)	Other below	(specify)	
C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, STE. 600				4. If An	nendment, Date of	Original Filed ((Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
	CKACT DKI	E, 51E. 000						X	Form filed by One	e Reporting Pers	son	
(Street) RESTON	VA	20190							Form filed by Moi Person	re than One Rep	oorting	
				Rule 10b5-1(c) Transaction Indication								
(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							ded to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	

		(monalizedy) (car)	, , ,			Reported		() (1130.14)	(Instr. 4)		
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	06/15/2023		М		84,000	A	\$0 ⁽¹⁾	84,000	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned											

abic ii	Derivative Occa	naco Aoquircu, Dio	posed of, of Deficitional	
	(e.g., puts, calls	. warrants. options.	convertible securities	;)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		of Deri Sec Acq (A) Disp of (I	oosed D) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		xpiration Date Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	\$0 ⁽¹⁾	06/15/2023		М			84,000	(2)	(2)	Common Stock	84,000	\$0	0	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock.

2. This restricted stock unit award was granted on 3/15/2023 pursuant to the terms of the comScore, Inc. 2018 Equity and Incentive Compensation Plan. This award, which is prorated for partial service during the 2022-2023 director term, vested in full on 6/15/2023, the date of the Company's 2023 annual meeting of stockholders. Vested units are deferred and will be delivered in shares of common stock upon a separation from service or a change in control of the Company, as set forth in the applicable award notice.

Remarks:

/s/ Ashley Wright, Attorney-in-06/16/2023

Fact

** Signature of Reporting Person Date

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

 \ast 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.