FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| - 1 |                          |     |  |  |  |  |  |  |
|-----|--------------------------|-----|--|--|--|--|--|--|
|     | OMB APPROVAL             |     |  |  |  |  |  |  |
|     | OMB Number: 3235-0       |     |  |  |  |  |  |  |
|     | Estimated average burden |     |  |  |  |  |  |  |
|     | hours per response:      | 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

| GANEK JEFFREY  Re   |         |          | 2. Date of Event Requiring Statement (Month/Day/Year) 06/04/2008  3. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [ SCOR ] |                    |  |                            |  |                                    |  |   |  |  |  |  |  |  |  |
|---|---------|----------|---|--------------------|--|----------------------------|--|------------------------------------|--|---|--|--|--|--|--|--|--|
| (Last) (First) (Middle) 46000 CENTER OAK PLAZA  |         | (Middle) |   |                    | Relationship of Reporting Persor (Check all applicable)     X Director         |                            | n(s) to Issue                          | (Mo                                | 5. If Amendment, Date of Original Filed (Month/Day/Year)       |   |  |  |  |  |  |  |  |
| 40000 GENTER OAR TEAZA  |         |          |   |                    | 21   | Officer (give title below) | Other (spe                             | cify 6. Ir                         | 6. Individual or Joint/Group Filing (Check<br>Applicable Line) |   |  |  |  |  |  |  |  |
| (Street)  |         |          |   | - 1                | , , , , , , , , , , , , , , , , , , ,  |                            |  |                                    | X Form filed by One Reporting Person                           |   |  |  |  |  |  |  |  |
| STERLING  | VA      | 20166    |   |                    |  |                            |  |                                    | Form filed b<br>Reporting P                                    | y More than One<br>erson                                    |  |  |  |  |  |  |  |
| (City)  | (State) | (Zip)    |   |                    |  |                            |  |                                    |  |   |  |  |  |  |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned  |         |          |   |                    |  |                            |  |                                    |  |   |  |  |  |  |  |  |  |
| 1. Title of Security (Instr. 4)   |         |          |   |                    |  | ally Owned (Instr. 4)      |  |                                    | I. Nature of Indirect Beneficial Ownership<br>Instr. 5)        |   |  |  |  |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |         |          |   |                    |  |                            |  |                                    |  |   |  |  |  |  |  |  |  |
| Ex  |         |          | 2. Date Exercisable and Expiration Date (Month/Day/Year)  |                    | 3. Title and Amount of Securities<br>Underlying Derivative Security (Instr. 4) |                            |  | 4.<br>Conversion<br>or Exercise    | 5.<br>Ownership<br>Form:                                       | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |  |  |  |  |
|   |         |          | Date<br>Exercisable   | Expiration<br>Date | Title  |                            | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivative<br>Security | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                    |   |  |  |  |  |  |  |  |

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

<u>/s/ Jeffrey E. Ganek</u> <u>06/12/2008</u>

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).