FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	timated average burden									

0.5

hours per response:

	Check this box if no longer subject to
$\neg$	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 )								
1. Name and Address of Reporting Person* FULGONI GIAN						2. Issuer Name <b>and</b> Ticker or Trading Symbol COMSCORE, INC. [SCOR]								5. Re (Ched	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FULG	JNI GIAI	<u>N</u>			1	71,10	001	<u>,</u>			,			X	Direc	ctor	10% C	Owner	
-														$\perp$ x		er (give title		(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								^	belov	,	below)	)	
C/O COMSCORE, INC.				02/	02/26/2014									Executive Chairman					
11950 DEMOCRACY DRIVE 6TH FLOOR																			
				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind	6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		3					Line)			3 (1	1.1.	
RESTON	I VA	Λ 2	20190											X	Forn	n filed by One	e Reporting Pers	son	
					-												re than One Rep	orting	
(City)	(St	ate) (	Zip)												Pers	OII			
	`																		
		Tabl	e I - N	on-Deri\	<i>r</i> ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or l	Bene	ficially	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transac	ction	Execution Date,			3. 4. Securities Acquired (A) o								6. Ownership	7. Nature of Indirect	
				Date (Month/Da	ay/Year)				Transaction Dispo		Disposea O	osed Of (D) (Instr. 3, 4 a		and 5)	Benef	ficially (I	Form: Direct (D) or Indirect	Beneficial	
					(Month/Day/Year)			8)					Owne Repor	d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pri	ce	Transaction(s) (Instr. 3 and 4)			<u> </u>	
						01.4				<b>5</b> COO(1)	+ -		22.0.420	<del>                                     </del>		-			
Common Stock 02/26/20				2014	014			S		5,600(1)	(1) D \$33		33.0428	28 554,555		D			
		Та	ble II ·	- Derivat	tive S	ecur	ities	Acau	iired.	Disp	osed of,	or Be	nefic	ially C	wned				
											convertib								
1. Title of	2.	3. Transaction	3A. Dee	emed	4.		5. Nu	mber	6. Date	Exerc	isable and	7. Title	and	8.1	Price of	9. Number o	of 10.	11. Nature	
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)				ction Instr.			Expiration Date Amount of (Month/Day/Year) Securities					rivative curity	derivative Securities	Ownership Form:	of Indirect Beneficial		
(Instr. 3)		(Month/Day/Tear)		/Day/Year)	8)	mou.	Securities		(Month/Day/Year)			Underlying			str. 5)	Beneficially	Direct (D)	Ownership	
	Derivative Security					Acqu (A) o						Derivative Security (Instr.		r. 3		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
					D or (Ii		Disposed of (D) (Instr. 3, 4		and 4)						Reported Transaction	(e)			
													(Instr. 4)	(3)					
							and 5)						_	_					
													Amou	ınt					
									Date		Expiration		Numb	oer					
					Code	v	(A)	(D)	Exercis	sable		Title	Share	es					

## **Explanation of Responses:**

1. Shares disposed of pursuant to a 10b5-1 plan entered into in May 2013

## Remarks:

/s/ Christiana Lin, Attorney-in-Fact 02/27/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.