FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>LIVEK WILLIAM PAUL</u>					GOMBGOKE, IIIG. [BCOK]									X Director			109	6 Owner		
				-										X	Office	er (give title	Oth	er (specify		
(Last)	(Fir	rst) (Middle)		3. D	3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov		bel		
C/O 11950 DEMOCRACY DRIVE				03/	03/09/2018									President & Exec Vice Chairman						
SUITE 6		10101 210 12																		
SUITE	JU																			
,					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)		_												٦	X	Form	n filed by One	e Reporting P	erson	
RESTON	I VA	1 2	20190												Λ		,	, ,		
					-											Pers		e than One F	eporung	
(City)	(St	ate) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	r. 3)		2. Transa	action	ction 2A. Deemed 3. 4. Securities Acquired (A)						(A) or		5. Amo	ount of	6. Ownership	7. Nature			
				Date	2011/100	E	xecution	ecution Date,		Transaction Dispos		d Of (D) (Instr. 3, 4			and Securi		ities I	Form: Direct (D) or Indirect	of Indirect	
(Month/Da				Jayrtea	ay/Year) if any (Month/Day/Year)			Code (Instr. 5) 8)						d Following	(I) (Instr. 4)	Ownership				
											(A) or Price			Repor		ted action(s)		(Instr. 4)		
									Code	V	Amount		(A) (I) (D)	Price		(Instr. 3 and 4)				
Common Stock 03/09/2					/2018				F 1,673 ⁽¹⁾		1)	D	\$25	.88	42	20,903	D			
		Ta	hla II - I	Derivat	ivo S	0011	ritios	Veani	ired D	ienc	sed of	or B	Ponofi	ciall	v Ov	vnod			*	
		10									onvertib				y Ov	viicu				
1. Title of	2.	3. Transaction	3A. Deemed		4.		5. Number		6. Date Exercisable and		7. Title and			8. Price o		9. Number o		11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any			Transaction Code (Instr.				Expiration Date			Amount of Securities		Derivative Security		derivative Securities	Ownersh Form:	ip of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year)				ay/Year)			(Instr. Derivative Securities		(Month/Day/Year) Securitie Underlyi			lerlying		(Insti		Beneficially	Direct (D)	Ownership		
					Acquired (A) or Disposed			Derivative Security (Instr. and 4)			str. 3	3		Owned Following	or Indire (I) (Instr.					
occurry											Reported				"					
						of (D) (Instr. 3, 4									Transaction(s)	(s)				
						and 5)									,					
				Ī									Am	ount						
													or Nur	nber						
							1		Date		Expiration		of							
					Code	V	(A)	(D)	Exercisa	ble	Date	Title	e Sha	ıres						

Explanation of Responses:

1. These shares were withheld to fulfill tax withholding obligations with respect to the delivery of shares to the reporter under previously vested restricted stock units. This was not an open market sale.

Remarks:

/s/ Carol DiBattiste, Attorneyin-Fact 03/19/2018

** 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.