FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:								

Instruc	ction 1(b).		File						curities Exchang Company Act of		f 1934			liodio	рег гезропзе.	0.0	
1. Name and Address of Reporting Person* <u>Cerberus Capital Management, L.P.</u>				2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR]							5. Rela (Check		licable)	ng Person(s) to	Issuer		
	RD AVENU	,	Middle)	. Date of Earliest Transaction (Month/Day/Year) 2/06/2022							Officer (give title below)		Othe belov	(specify /)			
11TH FLOOR				4. If	If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10022											Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)														
-		Table	I - Non-Deriva	ative	Sec	urities	Acqui	red, [Disposed of	f, or B	enefi	icially	Own	ed			
Date			2. Transactio Date (Month/Day/Y	rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	saction (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		I (A) or . 3, 4 an	nd 5)	Securi Benefi Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amount	(A) or (D)	Price		Repor Transa (Instr.	ted action(s) 3 and 4)	(Instr. 4)	(Instr. 4)	
Common	Common Stock			22			P		1,500,000	A	\$	1.1	2,2	220,157	D		
Common Stock 12/06/			12/06/202	22					50,000	A	\$1.2619(1)		2,2	270,157	D		
		Tal	ble II - Derivat (e.g., p						sposed of, s, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exc (Month/Day/Year) if a	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8) Sc AA (A D) of the code (Instr. 8)		E:	cpiratio	xercisable and n Date ay/Year)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	ative derivative rity Securities	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)		ate kercisal	Expiration Date	Title	Amour or Number of Shares	er					
		Reporting Person* 1 Managemen	<u>t, L.P.</u>														
(Last) 875 THI 11TH FI	RD AVENU	(First) JE	(Middle)														
(Street) NEW Y		NY	10022		_												
(City)		(State)	(Zip)		-												
1. Name a	nd Address of	Reporting Person*															
(Last)		(First)	(Middle)		-												

Explanation of Responses:

875 THIRD AVENUE

NY

(State)

10022

(Zip)

Remarks:

(Street) **NEW YORK**

(City)

For the purposes of Section 16 of the Securities Exchange Act, the interests of Cerberus Capital Management, L.P. and Pine Investor, LLC reported herein are limited to the pecuniary interest, if any, of each of Cerberus Capital Management, L.P. and Pine Investor, LLC, respectively, in such securities.

^{1.} This transaction was executed in multiple trades at prices ranging from \$1.26 to \$1.27. The price reported above reflects the weighted average purchase price. The reporting persons hereby undertake to provide, upon request, full information regarding the number of shares and prices at which the transaction was effected to the SEC staff, the issuer or a security holder of the issuer.

<u>Management, L.P., By: /s/</u> <u>Alexander D. Benjamin</u>

Pine Investor, LLC, By: /s/ Alexander D. Benjamin

12/08/2022

** 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.