

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* <u>180 DEGREE CAPITAL CORP. /NY/</u> (Last) (First) (Middle) 7 N. WILLOW STREET SUITE 4B (Street) MONTCLAIR NJ 07042 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/07/2024	3. Issuer Name and Ticker or Trading Symbol <u>COMSCORE, INC. [SCOR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) _____ See Explanation of Responses	5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.001 per share ⁽¹⁾	415,366 ⁽²⁾	I ⁽²⁾	See footnote ⁽²⁾
Common Stock, par value \$0.001 per share ⁽¹⁾	125,000 ⁽³⁾	I ⁽³⁾	See footnote ⁽³⁾
Common Stock, par value \$0.001 per share ⁽¹⁾	26,125 ⁽⁴⁾	I ⁽⁴⁾	See Footnote ⁽⁴⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
180 DEGREE CAPITAL CORP. /NY/
 (Last) (First) (Middle)
 7 N. WILLOW STREET
 SUITE 4B
 (Street)
 MONTCLAIR NJ 07042
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
McLaughlin Matthew F.
 (Last) (First) (Middle)
 53 GIDEON GARTH
 (Street)
 SEVERNA PARK MD 21146
 (City) (State) (Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Rendino Kevin		
(Last)	(First)	(Middle)
7 NORTH WILLOW STREET		
SUITE 4B		
(Street)		
MONTCLAIR	NJ	07042
(City)	(State)	(Zip)

Explanation of Responses:

1. This Form 3 is filed jointly by 180 Degree Capital Corp., Matthew F. McLaughlin and Kevin M. Rendino (collectively, the "Reporting Persons"). Each of the Reporting Persons is a member of a group for purposes of Section 13(d) of the Securities Exchange Act of 1934 (the "Exchange Act") that collectively beneficially owns over 10% of the Issuer's outstanding shares of Common Stock (the "Common Stock"). Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.
2. Securities owned directly by 180 Degree Capital Corp.
3. Securities owned directly by Matthew F. McLaughlin.
4. Securities owned directly by Kevin M. Rendino.

Remarks:

<u>/s/ 180 Degree Capital Corp. by Daniel B. Wolfe,</u>	<u>03/11/2024</u>
<u>President</u>	
<u>/s/ Matthew F. McLaughlin</u>	<u>03/11/2024</u>
<u>/s/ Kevin M. Rendino</u>	<u>03/11/2024</u>
** 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 5 (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.