Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

Name and Address of Reporting Person* Fink Gregory A					2. Issuer Name and Ticker of Trading Symbol COMSCORE, INC. [SCOR]										(Ch	eck all appli Direct	ationship of Reportin k all applicable) Director Officer (give title		10% Ov			
(Last) (First) (Middle) C/O COMSCORE INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/15/2021									helow)		ncial	below)	peony			
11950 DEMOCRACY DRIVE, STE. 600					4.16										0.1							
(Street) RESTON VA 20190				, 4. IT	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																			
		Tab	le I - Noi	n-Deriv	ative	Sec	curiti	ies Ac	quire	d, Di	spo	osed o	of, or	Bene	eficial	ly Owne	d					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date,			Cod	sactio e (Inst	on I	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Cod	e v	1	Amount	((A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock				05/15	5/15/2021				М			1,376	6 A		\$0 ⁽¹⁾	42,986		D				
Common Stock 05/				05/17	7/2021				F			414(2	(2) D		\$3.6	5 42,572		D				
		Т		Deriva (e.g., p								,	,		,	Owned		,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.		n of		Exerci on Da Day/Y	ıte	ele and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Exp Dat	piration te	Title	O N O	Amount or Jumber of Shares							
Restricted Stock	\$0.0 ⁽¹⁾	05/15/2021			М			1,376	(3)			(3)	Comr		1,376	\$0	0		D			

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Company's \ common \ stock.$
- 2. These shares were withheld to fulfill tax withholding obligations associated with the delivery of shares underlying restricted stock units vested on 5/15/2021. This was not an open market sale.
- 3. This restricted stock unit award was granted on 6/5/2018 pursuant to the terms of the comScore, Inc. 2018 Equity and Incentive Compensation Plan. This award vested in three equal annual installments beginning on 5/15/2019, subject to the reporting person's continued service with the Company on each vesting date.

Remarks:

/s/ Ashley Wright, Attorney-in-

05/18/2021

Fact

** 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.