FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden 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* $ \underline{Lin\ Christiana\ L} $ | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | | | | | eck all appli Directo | cable) | g Pers | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|--|---|--------------------------|---|-------|---------|--|-------------------------------------|------------------|--|----------------|-------------------------|--|---|---------------|--|--|--|
| (Last) | t) (First) (Middle) COMSCORE, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2014 | | | | | | | | | below) | | | below) | peony | |
| 11950 DEMOCRACY DRIVE, 6TH FLOOR | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) RESTON VA 20190 | | | | 4. II Ameriument, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | | | | | | | |
| (City) | (Si | ate) (| (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | n Date, | Code (| Transaction Dispose Code (Instr. 5) | | ities Acqı d Of (D) (| | | 5. Amou Securitie Benefici Owned F Reporte | es ally Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transaci (Instr. 3 | ion(s) | | | (111501.4) | | |
| Common Stock 03/14/2 | | | | | | 2014 | | М | | 3,628 ⁽¹⁾ A | | \$ <mark>0</mark> | 74 | 74,117 | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Co | Transactio Code (Inst | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | |) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | de V | . (| (A) (| | Date Exercisab | | xpiration ate | Title | or Nu of | nount imber iares | | | | | | |
| Restricted | \$0.0 | 03/14/2014 | | N | 1 | | | 3,628 | (1) | 0 | 3/16/2015 | Commo | $\frac{1}{3}$ | ,628 | \$ <mark>0</mark> | 3,628 | 1 | D | | |

Explanation of Responses:

1. One half (1/2) to vest each year beginning on the first anniversary of the Grant Effective Date and annually thereafter on future anniversaries of the Vesting Commencement Date, provided that the recipient continues to provide services to the Company through each such date.

Remarks:

/s/ Christiana Lin

03/28/2014

** 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.