Abraham Magid M Form 4 June 21, 2010

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

January 31, 2005

Estimated average

burden hours per response...

0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction

1(b).

Stock

(Print or Type Responses)

, Jr	1											
1. Name and Address of Reporting Person * Abraham Magid M			2. Issuer Name <b>and</b> Ticker or Trading Symbol COMSCORE, INC. [SCOR]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(encon an approach)					
11950 DEMOCRACY DRIVE, 6TH FLOOR			(Month/Day/Year) 06/17/2010					_X_ Director 10% OwnerX_ Officer (give title Other (specify below) President & CEO				
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person			
RESTON, V	A 20190									More than One R		
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution		3.	actio	4. Securi nAcquired Disposed (Instr. 3,	ties l (A) c l of (D	or O)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership	·	
Common Stock	06/17/2010			G	V	2,000	D	\$0	863,647	D		
Common Stock									581,876 <u>(1)</u>	I	By Abraham Family Trust	
Common									102 427	т	By Wife	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02)

102,437

I

SEC 1474

By Wife

#### Edgar Filing: Abraham Magid M - Form 4

required to respond unless the form displays a currently valid OMB control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title o	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			

Abraham Magid M 11950 DEMOCRACY DRIVE, 6TH FLOOR

X

President & CEO

## **Signatures**

RESTON, VA 20190

/s/ Christiana Lin, Attorney-in-fact 06/21/2010

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) Reporting person and spouse disclaim beneficial ownership of the such shares except to the extent of their respective pecuniary interest. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2