Edgar Filing: COMSCORE, INC. - Form 4

COMSCORI	E, INC.										
Form 4											
March 19, 20)14										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box				washington, D.C. 20349						January 31,	
if no long	SIATH	MENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						2005	
subject to STATEMENT OF CH				SECURITIES					Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	·		
obligation may cont		7(a) of the	Public U	tility Hold	ling Con	npang	y Act of	1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compan	iy Ac	t of 194	0			
1(b).											
(Print or Type F	Responses)										
Abraham Magid M Symbo			2. Issuer	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol					Issuer			
			COMSCORE, INC. [SCOR]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chied)				
			(Month/D	•				Director 10% Owner			
				/14/2014				XOfficer (give titleOther (specify below) below)			
DEMOCRA FLOOR	CY DRIVE, 6	ΓH						Execu	utive Chairman		
FLOOK			4 76 4					< + + + + + + +			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
	Thea(Mo	lui/Day/Teal)			_X_ Form filed by One Reporting Person					
RESTON, V	VA 20190							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Yea		n Date, if	Transaction(A) or Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Owned	Ownership		
		`						Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount 4,760	(D)	Price \$	`			
Stock	03/14/2014			F	(1)	D	ф 30.92	287,336	D		
					_						
Common Stock	03/14/2014			F	3,852 (1)	D	\$ 30.92	56,087	Ι	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 required to respond unless the form displays a currently valid OMB control number.

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Abraham Magid M C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, 6TH FL RESTON, VA 20190	LOOR		Executive Chairman					
Signatures								
/s/ Christiana Lin, Attorney-in-Fact	03/19/2014							
**Signature of Reporting Person	Date							
Explanation of Respor	ises:							

ination of nesponse Υ

* 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) These shares were deducted in order to cover tax withholding obligations associated with recent stock award vestings.

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.