Edgar Filing: COMSCORE, INC. - Form 4

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| Form 4 | | | | | | | | | | | |
|--|--|---|--|--|--------------|------------------------------|---|--|--|---------------------|--|
| FORM | 1 | STATES S | | | | | NGE C | OMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | |
| Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b). | STATEM Filed purs e. Section 17(a | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940 | | | | | | | Expires:January 312005Estimated averageburden hours perresponse0.5 | | |
| (Print or Type Resp | ponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Brown Michael Andrew | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | (Check all applicable) | | | |
| (Mo | | | . Date of Earliest Transaction Month/Day/Year) 19/14/2015 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Technology Officer | | | |
| | (Street) | Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| RESTON, VA | 20190 | | | | | | | _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) | Zip) | Table | I - Non-D | erivative S | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| | Transaction Date Aonth/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, 4 | sposed 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common 09 Stock 09 | 9/14/2015 | | | S | 400 (1) | , í | \$ 49.09 | 26,035 | D | | |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | | |
| Brown Michael Andrew 11950 DEMOCRACY DRIVE SUITE 600 RESTON, VA 20190 | | | Chief Technology Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Christiana Lin, Attorney-in-Fact | 09/15 | /2015 | | | | | | |
| **Signature of Reporting Person | Da | te | | | | | | |
| 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) Shares disposed of pursuant to a 10b5-1 plan entered into in August, 2014.

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.