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COMSCOF	RE, INC.										
Form 4	10										
June 21, 20									APPROVAL		
FORM	VI 4 _{UNITED}	STATES	S SECU	RITIES A	ND EX	CHANGE	COMMISSIO				
		~		shington,				Number:	3235-0287		
Check this box if no longer						Expires:	January 31, 2005				
subject	subject to STATEMENT OF CHANGES IN BENEFICIAL					ICIAL OV	WNERSHIP OI	F Estimated			
	Section 16. SECURITIES Form 4 or							burden ho	-		
Form 5	Filed pu	rsuant to	Section	16(a) of the	e Securit	ies Excha	nge Act of 1934,	response	0.5		
obligati may coi	Section 17			•	•	• •	of 1935 or Secti	ion			
See Inst		30(h)	of the I	nvestment	Compan	y Act of 1	940				
1(b).											
(Print or Type	e Responses)										
1. Name and	Address of Reporting	Person [*]	2. Issue	er Name and	Ticker or	Trading	5. Relationship	of Reporting Pe	rson(s) to		
Matta Serg	ge		Symbol				Issuer				
			COMSCORE, INC. [SCOR]			DR]	(Check all applicable)				
(Last)	(First) (Middle)		of Earliest Tr	ansaction						
C/O COM	SCORE, INC., 11	950	(Month/l 06/19/2	Day/Year) 2013			Director 10% Owner X Officer (give title Other (specify				
	ACY DRIVE, 6T		00/17/2	2015			below)	below) President, OMS			
FLOOR							1	resident, ONIS			
	(Street)		4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Year)		Applicable Line))		
RESTON,	VA 20190						_X_ Form filed by Form filed by	More than One R			
							Person				
(City)	(State)	(Zip)	Tab	ole I - Non-D	erivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date				4. Securiti		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, 1f	Transaction Code	Acquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial		
(ay/Year)	(Instr. 8)			Owned	(I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	eport on a separate lin	e for each c	lass of sec	urities benefi	cially own	ned directly of	or indirectly				
Reminder. Re	sport on a separate mi	e for each e		unnes benen	-		spond to the colle	ection of	SEC 1474		
							ained in this form		(9-02)		
							ond unless the fo ntly valid OMB co				
					numb						
	Tab	le II - Deri	vative Sec	curities Acqu	iired, Dis	posed of, or	Beneficially Owne	d			
				s, warrants,							
1. Title of	2. 3. Tra	ansaction D	ate 3A. D	eemed	4.	5. Numb	er of 6. Date Exe	rcisable and	7. Title and Amount of		

Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Derivative

1

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		`,	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	\$ 0	06/19/2013		А	50,000	<u>(1)</u>	02/18/2016	Common Stock	50,000	

Reporting Owners

Reporting Owner Name / Address		Rela	ationships	
FB	Director	10% Owner	Officer	Other
Matta Serge C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, 6TH FI RESTON, VA 20190	LOOR		President, OMS	
Signatures				
/s/ Christiana Lin, Attorney-in-Fact	06/21/2013			
<u>**</u> Signature of Reporting Person	Date			

**Signature of Reporting Person

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).
- One third (1/3) to vest each year beginning on February 18, 2014 and annually thereafter on future anniversaries of the Vesting (1) Commencement Date, provided that the recipient continues to provide services to the Company through each such date.

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.