COMSCORE, INC. Form 4

June 16, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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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. 30(h) of the Investment Company Act of 1940

Common

Stock

06/04/2008

1(b).

(Print or Type Responses)

See Instruction

| 1. Name and Address of Reporting Person * HENDERSON WILLIAM J | | | 2. Issuer Name and Ticker or Trading Symbol COMSCORE, INC. [SCOR] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|----------------------------|--|---|-----------------|-----------|---------------------------------------|-----------|--|--------------------------------------|---------------------------------------|--|
| (Last) | (First) (I | Middle) | 3. Date of Earliest Transaction | | | (Check all applicable) | | | | | |
| 11465 SUNSET HILLS ROAD, #200 | | | (Month/Day/Year) 06/04/2008 | | | X Director Officer (give below) | | Owner er (specify | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| RESTON, VA 20190 | | | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | tate) (Zip) Table I - Non-Derivative Securities | | | | | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deer | med | 3. | 4. Secui | ities A | equired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) Execution | | on Date, if Transaction(A) or Disposed of (D) | | | ` ′ | | | | | |
| (Instr. 3) | | any (Month/I | Day/Year) | Code (Instr. 8) | (Instr. 3 | (A) | 5) | Beneficially Owned Following Reported Transaction(s) | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amoun | or (D) | Price | (Instr. 3 and 4) | | | |

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

Α

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

24,218

25.16

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

1,987

(1)

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| 1. Titl Deriv Secur (Instr. | ative ity | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. tiorNumber of) Derivativ Securities Acquired (A) or Disposed of (D) | s I | ate | Amou Under Secur | tle and unt of erlying rities r. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans |
|--------------------------------------|--------------|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|---|
| | | | | | Code \ | (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| HENDERSON WILLIAM J 11465 SUNSET HILLS ROAD #200 RESTON, VA 20190 | X | | | | | |

Signatures

/s/ Christiana L. Lin, Attorney in Fact

06/16/2008 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).
- (1) The grant of Restricted Stock will become fully vested on June 4, 2009

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.

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