## Edgar Filing: Katz William - Form 4

Katz William	ı										
Form 4											
August 27, 20	010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	OMB APPROVAL		
	UNITE	DSIALES		hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi			( <b>u</b> s	g.o,	200120	•••			Expires:	January 31,	
if no longer subject to STATEMENT OF CHA				ANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated	2005 average	
Section 1	6.	SECURITIES							burden hours per response 0.5		
Form 4 or Form 5								response			
obligation	<sup>18</sup> Section	L		. ,			•	of 1935 or Section	m		
may conti <i>See</i> Instru	inue.		of the Inv	•	•	- ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1(b).	letion					•					
(Drint or Type P	(action cost)										
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <sup>*</sup> 2. Issu				suer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Katz William			Symbol	-				Issuer			
			COMSC	ORE, IN	C. [SCO	R]		(Che	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
			(Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
	CY DRIVE, 6		08/26/20	010				below)	below)	er (opeen)	
FLOOR	e i biu , e,	,									
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or J	oint/Group Fili	ng(Check	
				th/Day/Year)	-			Applicable Line)			
DECTON	A 20100							_X_ Form filed by Form filed by 1	One Reporting Po More than One Ro		
RESTON, V	A 20190							Person		eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	-	on Date, if					Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
							Í	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	00/06/0010				2,054			10.256	D		
Stock	08/26/2010			А	(1)	А	\$0	10,356	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int 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		Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
Katz William C/O COMSCORE, INC. 11950 DEMOCRACY DRIVE, 6TH FL RESTON, VA 20190	OOR X							
Signatures								
/s/ Christiana Lin, Attorney-in-fact	08/27/2010							
**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) Shares acquired pursuant to revised 2010 director compensation policy and will become fully vested the earlier of the Company's 2011 meeting or July 20, 2011.

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.