FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, D |).C. | 20549 | | |
|--------------|------|-------|--|--|
|--------------|------|-------|--|--|

| STATEMENT | OF CHA | NGES IN | BENEFICIAL | . OWNERSHIF |
|-----------|--------|---------|------------|-------------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* NOVAK DAVID C | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | | ationship call app Direc | , | ng Pers | on(s) to I | | |
|--|--|------------|---------|--|--|---|---|-----|--------------------------------------|--------|--|--------------------|---|---|---|---|--|-------------------|----------|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2022 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| (Street) PHILAD | ELPHIA P. | A 1 | 19103 | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | son | |
| (City) | (Sta | ate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive | Secur | rities | Acc | uired | l, Dis | posed of | , or B | enef | icially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Prid | е | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) |
| Class A Common Stock 12/31/20 | | | 022 | 22 | | | A | | 893.406 | A | \$0 | .0000 | 000 356,114.555 | | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | 500 | | I | By Trusts | | |
| | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, | | | Transaction of Code (Instr. Derivation | | vative rities pired r osed) | 6. Date Exerc Expiration Da (Month/Day/ | | year) Amou Secul Unde Deriv | | nt of ities lying ative ity (Ins | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y D | 0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

Elizabeth Wideman, Attorney- 01/04/2023

in-fact

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.