FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | PROVAL | | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burde | en | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--------------|--------------------------------|--------|---|------|--------------|-------------------|--|--|---|--|---|---|--|------------|---|--|
| RODIN JUDITH | | | | | | | | | | | | | | X Direct | or | | 10% Ov | vner | |
| (Last) | ast) (First) (Middle) NE COMCAST CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2013 | | | | | | | | Officer (give title Other (spelow) below) | | | | specify | |
| | | | | | | If Ame | ndme | nt Date | of Origina | l Eilo | d (Month/Day | //Voar) | 6.1 | ndividual or | loint/Group | Eiling | (Check And | nlicable | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) PHILADELPHIA PA 19103 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | _ | | | | | | | | | Form Perso | | e than | One Repor | rting | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | Perso | 1 | | | | |
| | | Та | ble I - No | on-Der | ivativ | /e Se | curi | ties Ac | quired | , Di | sposed o | f, or Bei | neficial | y Owned | I | | | | |
| | | | | 2. Trans Date (Month/ | | Execution Dat | | on Date, | Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | (A) or 3, 4 and 5 | and 5) Securities Beneficially Owned Follo | | Form ly (D) o | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transa (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Class A Common Stock 12/10/20 | | | | | | 013 | | | М | | 11,250 | A | \$21.31 | 33 18,6 | 58.366 | | D | | |
| Class A Common Stock 12/10/20 | | | | | | 2013 | | F | | 4,860 | D | \$49.3 | 4 13,7 | 798.366 | | D | | | |
| | | | Table II | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | te Execution | ed 4. n Date, Trans Code | | nsaction de (Instr. | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ble | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option to Purchase | \$21.3133 | 12/10/2013 | | | M | | | 11,250 | 06/17/200 |)4 ⁽¹⁾ | 12/17/2013 | Class A Common | 11,250 | \$0.0000 | 0.000 | 0 | D | | |

Explanation of Responses:

 $1. \ With \ respect to the number of shares set forth in Column \ 7, this option is immediately exercisable.$

Arthur R. Block, Attorney-in-

<u>fact</u>

** Signature of Reporting Person

Date

12/11/2013

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.