FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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

| 1. Name and Address of Reporting Person*  ANSTROM S DECKER |  |                                   |          |   |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol COMCAST CORP [ CMCSA ] |        |  |   |             |   |   |                  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |  |   |  |
|--|--|-----------------------------------|----------|---|--------|---|--------|--|---|-------------|---|---|------------------|--|---|---|---|--|---|--|
| ANSTROM S DECKER   |  |                                   |          |   |        |   |        |  |   |             |   |   |                  |  | X Dii   | ector   |   | 10% O  | wner  |  |
| (Last) (First) (Middle) ONE COMCAST CENTER                 |  |                                   |          |   |        | 3. Date of Earliest Transaction (Month/Day/Year) 07/28/2010               |        |  |   |             |   |   |                  |  | Of<br>be  | cer (give title<br>ww)                                    |   | Other (<br>below)  | (specify  |  |
|  |  |                                   |          |   | ⊿ If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |        |  |   |             |   |   |                  |  | 6. Individual or Joint/Group Filing (Check Applicable                   |   |   |  |   |  |
|  |  |                                   |          |   |        | 4. II Amendinent, Date of Original Flied (Month/Ddy/Teal)                 |        |  |   |             |   |   |                  |  | Line)   |   |   |  |   |  |
| (Street)   |  |                                   |          | 1                                       | X Forr |   |        |  |   |             |   |   | rm filed by On   | n filed by One Reporting Person            |   |   |   |  |   |  |
| PHILADELPHIA PA 19103                                      |  |                                   |          |   |        |   |        |  |   |             |   |   |                  |  |   | Form filed by More than One Reporting Person              |   |  |   |  |
| (City)   | (St  | ate) (                            | Zip)     |   |        |   |        |  |   |             |   |   |                  |  |   |   |   |  |   |  |
|  |  | Tabl                              | e I - No | n-Deriva                                | ative  | Sec   | uritie | s Acc  | quired,                                 | Dis         | posed o   | f, or                                   | Bene             | ficia                                      | ally Ow   | ned   |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |  |                                   |          |   |        | Execution Date,   |        |  | Transaction Disposed Of Code (Instr. 5) |             |   | ies Acquired (A)<br>Of (D) (Instr. 3, 4 |                  |  | d Seci<br>Ben<br>Own  | nount of<br>irities<br>eficially<br>ed Following<br>orted | For<br>(D)  | Ownership<br>rm: Direct<br>or Indirect<br>(Instr. 4)               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |                                   |          |   |        |   |        |  | Code                                    | v           | Amount  |   | A) or<br>D)      | Price                                      | Tran  | action(s)<br>3 and 4)                                     |   |  | (111501.4)  |  |
| Class A C  | ommon Sto                                    | nmon Stock 07/28/2010 A 53.8315 A |          |   |        |   |        | \$(  | ) 11                                    | 11,195.3893 |   | D                                       |                  |  |   |   |   |  |   |  |
|  |  | Та                                |          |   |        |   |        |  |   |             | sed of, onvertib  |   |                  |  | y Owne  | d   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | ative Conversion Date Execution Date, if any |                                   |          | 4.<br>Transaction<br>Code (Instr.<br>8) |        | of  |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |   | ount             | 8. Price of Derivative Security (Instr. 5) |   | ,   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |  |                                   |          |   | Code   | v   | (A)    | (D)  | Date<br>Exercisal                       |             | Expiration<br>Date  | Title                                   | Nun<br>of<br>Sha |  |   |   |   |  |   |  |

**Explanation of Responses:** 

Remarks:

Arthur R. Block, Attorney-in-

fact

\*\* Signature of Reporting Person

Date

07/29/2010

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

- $^{\star}$  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.