FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPROVAL | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average b | urden | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

hours per response: 0.5

| | | | | | or Sect | tion 30(h) of the I | nvestme | nt Con | npany Act | of 19 | 940 | | | | | | |
|---|---|--|--|--|--|---|------------------------------------|--------|-----------|--------------------------|---|--|---|--|--------------------------------|---|--|
| Name and Address of Reporting Person* Smit Neil | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SIIIIL IN | <u>en</u> | | | | | | | | - | | | | Directo | - | | Owr | |
| , | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | - 2 | Officer below) | Officer (give title helow) | | Other (specify below) | |
| (Last) (First) (Middle) ONE COMCAST CENTER | | | 03/21/2014 | | | | | | | Executive Vice President | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | - 1 | Line) X Form filed by One Reporting Person | | | | | | |
| PHILADELPHIA PA 19103 | | | | | | | | | | 1 | , , , | | | | | | |
| (City) | (S | tate) | (Zip) | | Form filed by More than One Reporting Person | | | | | | | | | ng | | | |
| | | Ta | ble I - Noi | n-Deriv | ative Se | ecurities Acc | quired, | Disp | osed c | of, o | r Bene | eficiall | y Owned | | | | |
| Date | | | | nsaction 2A. Deeme Execution if any (Month/Day | | 3. Transaction Code (Instr. 8) | | | | | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t B O | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | 115(1. 4) | |
| Class A Common Stock 03/ | | | 03/21 | /2014 | | М | | 19,99 | 95 | A | \$0 ⁽¹⁾ | \$ 0 ⁽¹⁾ 131,893 | | D | | | |
| Class A (| Common St | ock | | 03/21 | 1/2014 | | F | | 7,48 | 3 | D | \$50 | 50 124,410 D | | | | |
| | | | | | | urities Acqu ls, warrants, | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | ransaction Code (Instr. | of | 6. Date E Expiratio (Month/D | n Date | | of S Und Deri | itle and A Securities derlying ivative S tr. 3 and | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | Owners Form: Direct (or Indir | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Date

Exercisable

(3)

Explanation of Responses:

1. The price is \$0.00.

Restricted

Stock

Units

- 2. Each restricted stock unit represents a contigent right to receive one share of Class A Common Stock.
- 3. These restricted stock units vest on the transaction date.

Arthur R. Block, Attorney-in-

Amount or Number

Shares

19,995

\$0.0000

202,085

03/25/2014

D

Expiration

(3)

Title

Class A

Commor

Stock

Date

** 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).

03/21/2014

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

M

(A) (D)

19,995

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.