FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | urden | | | | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | Section 16. Form 4 or Form 5 |
| J | 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 or Section 30(h) of the Investment Company Act of 1940

hours per response: 0.5

| 1. Name and Address of Reporting Person* <u>BURKE STEPHEN B</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | | elationship d eck all applic Directo | cable) r | g Pers | 10% Ov | vner | |
|---|--|--|---|---------|--|---|-----------------------------|--------|--|--|--------------------|---|--|--|---|--|---|--|---------------------------------------|
| (Last) | (FI | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2013 | | | | | | | | - | below) | (give title | Other (spec below) Vice President | | specify |
| (Street) PHILADELPHIA PA 19103 (City) (State) (Zip) | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. In Line | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tak | ole I - No | n-Deriv | vativ | e Se | curit | ies Ac | quired | , Dis | posed o | f, or E | 3ene | ficiall | y Owned | l | | | |
| Date | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 5. Amou Securitie Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) | or | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Class A Common Stock 03/28/ | | | | | 8/2013 | 2013 | | М | | 88,320 A | | A | \$0 ⁽¹⁾ | 367,8 | 367,888.839 | | D | | |
| Class A Common Stock 03/28/ | | | | 8/2013 | 2013 | | F | | 46,706 D | | D | \$41.98 | 321,182.839 | | | D | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | n of | | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity I) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Cod | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | OI N Of | umber | | | | | |
| Restricted | (2) | 03/20/2013 | | | | | 1 | 00 220 | (3) | | (3) | Class | A o | 0 220 | * 0.0000 | 725.05 | . | | |

Explanation of Responses:

- 1. The price is \$0.00.
- $2. \ Each \ restricted \ stock \ unit \ represents \ a \ contigent \ right \ to \ receive \ one \ share \ of \ Class \ A \ Common \ Stock.$
- 3. These restricted stock units vest on the transaction date.

Arthur R. Block, Attorney-in-

Stock

** Signature of Reporting Person

04/01/2013

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.