FORM 4

UNITED STATES SECU

Washington, D.C. 20549

RITIES AND EXCHANGE COMMISS	U)		ı	
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OMB APPROVAL										
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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).

Check this box to indicate that a

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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

				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title Class A		unt or ber of es		Transaction(s (Instr. 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code		Deri Sec Acq Disp	umber of ivative urities uired (A) or posed of (D) tr. 3, 4 and 5)	6. Date Exercis Expiration Date (Month/Day/Ye		e Securities l		Unde Secu nd 4)	rlying rity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e Ownersh s Form: Direct (D or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownershi (Instr. 4)
							rities Acqu , warrants,							ned				
Class A Common Stock 01/			01/02/	/02/2025			F		3,943	D		37.42	69,810.38			D		
Class A C	Class A Common Stock 01				01/02/2025			M		11,700) A	\$(0.0000	73,753.38		D		
					(Month/Day/Year)		Code	v	Amount (A) or (D) Pri		ice	Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		(Instr. 4)		
1. Title of Security (Instr. 3) 2. Tra			2. Transa			quired, Disposed of, or Benefic 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				or 5. Amoun		.	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership			
(City)	(5	State)	(Zip)													- triuri c	The Reportin	19 1 010011
(Last) (First) (Middle) ONE COMCAST CENTER (Street) PHILADELPHIA PA 19103					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								below) below) Chief Legal Officer, Secretary						
Name and Address of Reporting Person* Reid Thomas J.					2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]								c all applicate Director Officer (g	ole)	reison	10% Ow Other (sp	ner	

Explanation of Responses:

\$0.0000(3)

Restricted

Stock Units

1. Each share of phantom stock represents the economic equivalent to one share of Class A common stock. Phantom shares have been deferred under our deferred compensation plans, may be transferred into alternative investments under the terms of our deferred compensation plans and settle in cash.

11,700

- 2. Reflects the cash settlement of shares of phantom stock on the scheduled distribution date under, and in accordance with the terms of, our deferred compensation plans.
- 3. Each restricted stock unit represents a contingent right to receive one share of Class A Common Stock.
- 4. These restricted stock units were automatically converted to shares of Class A common stock on the transaction date pursuant to a previously deferred stock award.

Elizabeth Wideman, Attorney-in-01/03/2025 fact

** Signature of Reporting Person Date

11,700

\$0.0000

64,060

D

Stock

Class A

Stock

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).

01/02/2025

** 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.