FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVID APP | ROVAL |
|---------------------|-----------|
| 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).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | ee Instruction 1 and Address of | Reporting Person* | | | | | | | | | Symbol | | | | | of Reportir | ng Perso | on(s) to Is | suer |
|--|--|-------------------|-----------------|---|----------------|---|--------|--|-------|-------|--|--------------|---------------------------------------|---|--|---|--|--|------------|
| BREEN EDWARD D | | | | | <u>CO</u> | COMCAST CORP [CMCSA] | | | | | | | | (Cneck | all app Direct | , | | 10% Ov | vner |
| (Last) | (First) (Middle) COMCAST CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024 | | | | | | | | | below | | | Other (s below) | |
| (Street) PHILADELPHIA PA 19103 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) | | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secu | rities | s Acc | uired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day. | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | Tra | | eported ansaction(s) estr. 3 and 4) | | | (Instr. 4) |
| Class A Common Stock 09/30/20 | | | | | 2024 | | A | | 958 | A | \$0. | 0000 | 20, | 104.22 | Ι |) | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owned | d | | | |
| 1. Title of Derivative Security (Instr. 3) | /e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ov Fo Dii or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

Elizabeth Wideman, Attorneyin-fact

10/01/2024

** 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).
- ** 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.