FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
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ì	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* BONOVITZ SHELDON M						2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BUNUVIIZ SHELDUN M						Solver [Sincoll]									Directo	r		10% Ov	vner	
(Last)	(Last) (First) (Middle) ONE COMCAST CENTER					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2012									Officer (give title Other (specify below) below)					
							endment	Date o	of Original Fi	led (Month/Da	6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						7 11110	marrierit,	Date	or Original Fr	ica	(IVIOITALI) DI	ay/ reary		ne)	addi oi c	on a Oroup	, i iiii ig	, (Oncon Ap	piloabie	
. ,	ELPHIA P	A	19103											X	Form f	iled by One	Repo	orting Perso	n	
															Form fi		e than	One Repor	rting	
(City)	(City) (State) (Zip)														1 6/30/1					
		Tab	le I - Nor	ı-Deriv	ative	Se	curitie	s Ac	quired, D	isp	osed c	of, or Be	nefici	ally C	wned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar)	2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,		4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code V	,	Amount	(A) or (D)		, 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		٦							uired, Dis , options	•		•		•	vned					
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, 1	4. Transaction Code (Instr 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.:	tive ties ed sed	6. Date Exer Expiration D (Month/Day/	ate	Amount of		of s ng e Securit	Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amour or Number of Shares	r						
Phantom Stock	\$0.0000(1)	11/20/2012			A		3,967		(2)		(2)	Class A Common Stock	3,967	, \$0	.0000	3,967		D		
Phantom Stock	\$0.0000 ⁽¹⁾	11/20/2012			F			156	(3)		(3)	Class A Common Stock	156	\$0	.0000	3,811		D		

Explanation of Responses:

- 1. These securities convert on a one-to-one basis.
- 2. The reporting person elected to defer receipt of shares of Class A common stock granted to the reporting person, resulting in an acquisition of phantom shares. Phantom shares will be paid in cash or shares, at the election of the reporting person, and may be re-deferred at future dates.
- 3. Although the reporting person elected to defer receipt of the shares of Class A common stock underlying the phantom shares, these shares were withheld for payment of tax liability.

Arthur R. Block, Attorney-infact 11/23/2012

** 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.