

VOUANOE COMMICCION O AND

| FORM 4 C | | JAI | -33 | SECORITE | | | | GEU | | | | | | |
|-----------------------------------------------------------------------|------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------|-----------------|------------------------------------|---------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| | | | Washing | gton, D. | C. 205 | 49 | | | OMB APPROVAL | | | | | |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | Es | OMB Number: 3235-028 Estimated average burden hours per response: 0. | | | |
| 1. Name and Address of Reporting Person [*] Lucas Wonya Y | | | | suer Name and Tick | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2024 | | | | | | | Officer (give title Other (specify below) below) | | | | |
| ONE COMCAST CENTER | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) PHILADELPHIA PA | 19103 | | | | | | | | V | | One Reporting Per More than One Re | | | |
| (City) (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| | | | | Check this box to indi satisfy the affirmative | | | | | | | rritten plan that is int | ended to | | |
| Tabl | e I - No | n-Derivat | ive S | Securities Acc | quired | , Dis | posed of, | or Be | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | | Execution Date, | | ction Instr. | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | | |
| Class A Common Stock | | 06/30/20 | 24 | | A | | 862 | A | \$0.0000 | 5,076 | 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. Deemed Execution Date, if any (Month/Day/Year) | 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 (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Elizabeth Wideman, Attorney-07/01/2024

in-fact

** 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.