FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287
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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).

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* <u>Honickman Jeffrey A</u>						2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]									Relationsh Check all ap	plicable)	ng Person(s) to	ssuer	
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 10/26/2011										er (give title		(specify	
(Street) PHILAD (City)	ELPHIA PA		19103 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X For	- /			
		Tabl	e I - No	n-Deriv	vative	Se	curitie	es Ac	quired	, Dis	posed o	f, or	Bene	efici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transa Code (8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			A) or 3, 4 an	d 5) Secu Bene Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	or	Price		rted action(s) . 3 and 4)		(Instr. 4)			
Class A Common Stock 10/26/20					/2011	011		A		41.6878	3	A	\$0.0	000 49,	733.1461	D			
Class A Common Stock															10,000	I	By Trust		
		Та									osed of, onvertib				y Owned	1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemec Execution E if any (Month/Day	n Date,	Date, Transac Code (In				6. Date Expirati (Month/	on Da			str. 3	8. Price of Derivative Security (Instr. 5)	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber res					

Explanation of Responses:

Arthur R. Block, Attorney-in-

fact

** Signature of Reporting Person

10/27/2011

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}ast}$ 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).