FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											

3235-0287 OMB Number: 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).

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*  Honickman Jeffrey A						2. Issuer Name <b>and</b> Ticker or Trading Symbol  COMCAST CORP [ CMCSA ]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> 110111CKIIIaii Jelliley A</u>															Directo			10% Ov					
(Last) (First) (Middle) ONE COMCAST CENTER						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2012											(give title		Other (s below)	specify			
ONE COMCAST CENTER							ndment	Date	of O	riginal I	Eiled	(Month/D	6 Ind	6. Individual or Joint/Group Filing (Check Applicable									
(Street)					-   4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)											Line)						
	ELPHIA P	Α	19103												X		,		orting Perso				
				-								Form filed by More than One Reporting Person											
(City)	(S	tate)	(Zip)																				
		Tab	le I - Nor	n-Deriv	/ative	e Se	curitie	s Ac	qu	ired, I	Disp	osed o	of, or E	enef	icially	Owne	d						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		•,	Code (Inst			ities Acquired (A) d Of (D) (Instr. 3, 4				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	nt (A) or Pi		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Class A Common Stock								$\dashv$							+	10,000		I	By Trust				
		T	able II -													- Owned		<u> </u>	<u> </u>				
			(	(e.g., p	outs,	call	s, warr	ants	s, o	ption	s, c	onverti	ble se	uriti	es)								
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/Da	Date,	4. Transa Code ( 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	6. Date Exercisa Expiration Date (Month/Day/Year			r) Amou Secu Unde Deriv		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ov s Fo lly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	te ercisable		piration tte	Title	or	ount mber ares								
Phantom Stock	\$0.0000(1)	11/20/2012			A		3,967			(2)		(2)	Class A Commo	3,9	967	\$0.0000	3,967		D				
Phantom Stock	\$0.0000(1)	11/20/2012			F			36		(3)		(3)	Class A Commo	n 3	36	\$0.0000	3,931		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-in-11/23/2012 fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.