FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549		

	OMB APPROVAL					
CIAL OWNERSHIP	OMB Number:	3235-0287				
	Estimated average burden					

0.5

STATEMENT OF CHANGES IN DENEFICIAL OWNERSHIP	OMB Number:
	Estimated average b
Filed assessment to Continue 10(a) of the Constitute Fundament Act of 1004	hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

	tions may contiletion 1(b).	nue. See	File						urities Exchan Company Act		f 1934		L	hours per	response:	0.5
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 Issue (Check all applicable) X Director 10% Owne							
(Last)	(Last) (First) (Middle) ONE COMCAST CENTER				3. Date of Earliest Transaction (Month/Day/Year) 05/08/2020							Officer (give title Other (specify below) below)				
(Street)	DELPHIA P	A :	19103	_ 4.	If Amendr	ment, Date	e of Orig	ginal F	iled (Month/D	ay/Year)		ine) X F	orm filed b	y One Re	ing (Checke eporting Penan One R	
(City)	(St	ate) (2	Zip)										erson	y wore a	ian one iv	Sporting
		Table	I - Non-Deriv	ative	e Secur	rities Ad	quire	ed, D	isposed o	f, or B	enefic	ially O	wned			
1. Title of Security (Instr. 3)		2. Transact Date (Month/Day		Execution D		ution Date, Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			Instr. 4)
Class A (lass A Common Stock		05/08/2	020			S		15,660	D	\$36.47	7 24,0)45.5552		D	
Class A (Common St	ock										33,860 I			By Family Partnership	
Class A (Common St	ock										98,426 I I		By Trusts		
		Ta	ble II - Deriva (e.g., p						sposed of, , convertil				ned			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		Cod	nsaction de (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	aber 6. Date Exe Expiration (Month/Day ties ed		6. Date Exercisable and Expiration Date (Month/Day/Year)		e and nt of ities lying ative ity (Instr. 4)	8. Price of Derivative Security (Instr. 5) Benefic Owned Followii Reporte		ative rities ficially ed wing rited saction(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Benefici Ownersh ect (Instr. 4)	
	l		l		\Box						Amount	1				- 1

Explanation of Responses:

Elizabeth Wideman, Attorney- 05/11/2020 in-fact

** Signature of Reporting Person

of Shares

Title

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.

(D)

Date Exercisable

Expiration Date