FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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 * $\underline{BREEN\ EDWARD\ D}$							2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]								heck all a		,		
(Last) (First) (Middle) ONE COMCAST CENTER					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2010											cer (give title ow)		Other (below)	(specify
(Street) PHILADELPHIA PA 19103 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date						Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4) (8)					d Secu Bend Own	nount of irities eficially ed Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		A) or D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 07/01/						2010		A		422.773	34	Α	\$(0 7,	7,838.9722		D		
		Та									sed of, onvertib				y Owne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,		ransaction ode (Instr.		ı of		xercis n Dat ay/Ye		Amount of		tr. 3	8. Price of Derivative Security (Instr. 5)		F C O	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Remarks:

Arthur R. Block, Attorney-in-

fact

** Signature of Reporting Person Date

07/06/2010

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.