FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. | 20549 |  |  |
|-------------|------|-------|--|--|

| 11doi.iig.ss.i, 2.5. 200 10                  | ON     |
|--|--------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Nu |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

|  | ee Instruction 1 |         |        |                 |   |   |  |                |        |   |                          |  |   |  |  |   |   |            |  |  |
|--|------------------|---------|--------|-----------------|---|---|--|----------------|--------|---|--------------------------|--|---|--|--|---|---|------------|--|--|
| 1. Name and Address of Reporting Person*  Brady Louise F.  |                  |         |        |                 | 2. Issuer Name <b>and</b> Ticker or Trading Symbol COMCAST CORP [ CMCSA ] |   |  |                |        |   |                          |  | Check   | all app  | onship of Reporting Person(s) to<br>Il applicable)           |   |   |            |  |  |
|  |                  |         |        |                 |   |   |  |                |        |   |                          |  |   | ✓ Director   |  |   |   | 10% O      |  |  |
| (Last) (First) (Middle) ONE COMCAST CENTER   |                  |         |        |                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024 |  |                |        |   |                          |  |   | Officer (give title Other (sp<br>below) below)   |  |   |   |            |  |  |
|  |                  |         |        |                 | 4. If <i>i</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |                |        |   |                          |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  |  |   |   |            |  |  |
| (Street)   | EL DIVI          |         |        |                 |   |   |  |                |        |   |                          |  |   | Form filed by One Reporting Person   |  |   |   |            |  |  |
| PHILADELPHIA PA 19103  |                  |         |        |                 |   |   |  |                |        |   |                          |  | Form filed by More than One Reporting Person                  |  |  |   |   |            |  |  |
| (City)   | (St              | ate) (Z | Zip)   |                 |   |   |  |                |        |   |                          |  |   |  |  |   |   |            |  |  |
|  |                  | Table   | I - No | n-Deriva        | ative   | Secu  | rities   | Acc            | quired | l, Dis  | posed of                 | , or B                                     | enefic  | ially  | Own  | ed  |   |            |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day  |                  |         |        | Execution Date, |   |   | 3.<br>Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5) |                |        |   | , 4 and S<br>B<br>C      |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | wnership<br>m: Direct<br>or Indirect<br>nstr. 4)             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |   |            |  |  |
|  |                  |         |        |                 |   |   |  | Code           | v      | Amount  | (A) or<br>(D)            | Price                                      |   | Transa   | Reported<br>Fransaction(s)<br>Instr. 3 and 4)                |   |   | (Instr. 4) |  |  |
| Class A Common Stock 09/30/2   |                  |         |        |                 | .024  |   |  | A              |        | 808   | Α                        | \$0.0                                      | 0.0000 9,9  |  | 47.416   |   | D   |            |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                  |         |        |                 |   |   |  |                |        |   |                          |  |   |  |  |   |   |            |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  |                  |         |        |                 | Fransaction of Code (Instr. Derivative                                    |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                       |                |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                          | 8. Price of Derivative Security (Instr. 5) |   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. | Ownership   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownershi<br>(Instr. 4) |            |  |  |
|  |                  | Code    |        | Code            | v   | (A)   | (D)  | Date<br>Exerci | isable | Expiration<br>Date  | Amoun or Numbe of Shares |  |   |  |  |   |   |            |  |  |

**Explanation of Responses:** 

Elizabeth Wideman, Attorneyin-fact 10/01/2024

\*\* 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.