FORM 4

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

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner 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).

	tions may conti ction 1(b).	nue. See						ities Exchang					hours	per re	sponse:	0.5		
1. Name and Address of Reporting Person* Bergman Naomi M.				2. Issuer Name and Ticker or Trading Symbol  COMCAST CORP [ CMCSA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bergma	<u>an Naomi</u>	<u>M.</u>				TVICI	<u> </u>	<u>KI</u> [	CIVIC	<i>57</i> 1 ]			X	Direc	tor		10% Ov	vner
(Last)	(Fii	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022								Officer (give title below)		e Other (: below)		specify	
					4. If <i>i</i>	Amendm	nent, Date	of Origir	nal File	ed (Month/Da	y/Year)	)		vidual or	Joint/Grou	p Filin	g (Check A	pplicable
(Street)													Line)	Form	filed by On	e Ren	ortina Perso	nn
PHILADELPHIA PA 19103												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (	Zip)															
		Table	I - No	on-Deriva	tive	Securi	ities Ac	quirec	d, Dis	sposed of	, or E	Benef	icially	own.	ed			
Date			2. Transacti Date (Month/Day	Execution [		ion Date,	Code (Instr.					4 and 5) Securities Beneficia Owned Fo		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) o	r Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A (	Common St	ock		03/31/2	022			A		667.449	A \$0.0000 19,5			502.677		D		
Class A (	Common St	ock												1 300 1 1 1				By Trusts
		Та	ble II							osed of, o				Owne	d		•	
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Executity or Exercise (Month/Day/Year) if an		Execu	eemed 4. Ition Date, Code (li h/Day/Year) 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	ivative urity Sec tr. 5) Bei Ow Fol Rej Tra	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)
							Ť			Τ		Amou	nt					

Date Exercisable

Expiration

Date

**Explanation of Responses:** 

Elizabeth Wideman, Attorney- 04/04/2022 in-fact

Number

Shares

Title

\*\* Signature of Reporting Person Date

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.

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