## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

Washington, D	D.C. 205	19
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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*  RODIN JUDITH						2. Issuer Name <b>and</b> Ticker or Trading Symbol  COMCAST CORP [ CMCSA ]								(Ch	Relationshi eck all app X Dired	olicable)	g Person(s) to Issuer 10% Owner		
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/26/2011									Offic belo	er (give title w)		Other (specify below)	
(Street) PHILAD (City)	ELPHIA P.		19103 Zip)		_ 4. If	Amei	ndment,	, Date o	of Origina	al File	d (Month/Da	ay/Yea	·)	Line	e) <mark>X</mark> Forn	n filed by One	o Filing (Check e Reporting Per re than One Re	son	
		Tabl	e I - No	n-Deriv	/ative	Sec	curitie	s Ac	quired	, Dis	sposed o	f, or	Bene	eficial	ly Own	ed			
Date			2. Transa Date (Month/D	Exe Day/Year) if ar		A. Deemed Execution Date, f any Month/Day/Year)		3. 4. Securiti Transaction Code (Instr. 8)					5) Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A (D	) or )	Price	Trans	action(s) 3 and 4)		(111511.4)	
Class A Common Stock 10/26/2					/2011	2011		A		33.1318		A	\$0.000	000 7,336.3823		D			
		Та									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		n Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirati (Month/	on Da	ear)	Secu Unde Deriv	unt of rities rlying ative rity (Ins.)	ount	8. Price of Derivative Gecurity Instr. 5)	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Sha	res					

**Explanation of Responses:** 

Arthur R. Block, Attorney-in-

10/27/2011

**fact** 

\*\* 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.