1. Name and Address of Reporting Person*  
NOVAK DAVID C  
(Last)  
(First)  
(Middle)  
ONE COMCAST CENTER  
(Street)  
PHILADELPHIA PA 19103  
(City)  
(State)  
(Zip)  

2. Issuer Name and Ticker or Trading Symbol  
COMCAST CORP [CMCSA]  

3. Date of Earliest Transaction (Month/Day/Year)  
07/31/2020  

4. If Amendment, Date of Original Filed (Month/Day/Year)  

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
X Director  
10% Owner  
Officer (give title below)  
Other (specify below)  

6. Individual or Joint/Group Filing (Check Applicable Line)  
X 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  

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>4A. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>7. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>8. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phantom Stock (1)</td>
<td>07/31/2020</td>
<td>I</td>
<td>7,333,316</td>
<td>(2) (2)</td>
<td>Class A Common Stock</td>
<td>7,333,316</td>
<td>$42.8</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:  
1. These securities convert on a one-to-one basis.  
2. The Reporting Person has elected to notionally reinvest previously deferred compensation into another deferred compensation investment plan.  

Elizabeth Wideman, Attorney-in-fact  
08/04/2020  
** 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).  
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.