FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, 2.0. 20040	OMB APPR
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5
	OMB Number: Estimated average burd

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

					٠.					pa	.,									
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>COHE</u>	<u>N DAVID</u>	<u>) L</u>			٦	<u> </u>	<u> </u>	00.	CIVIC	3071]				Directo	or		10% Ow	ner		
(Loot)	/ F:	rotl	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)							-	X Officer below)	(give title		Other (s below)	pecify		
(Last)	,	,	rst) (Middle)					10/30/2015							Sr. EVP					
ONE COMCAST CENTER																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						, , , , , ,								Line)						
PHILADELPHIA PA 19103												X Form filed by One Reporting Person								
					-									Form filed by More than One Reporting Person						
(City)	(SI	ate)	(Zip)											F 61301	'					
		Tolo	la I Nias	- Davis	· · o ti · · ·		aviti a.e	. ^ ^	guired, D	ionoo		f or Do	noficial	ly Oyemaa						
			ie i - Noi	1		_			'	÷		<u> </u>		-						
1. Title of Security (Instr. 3) 2. Transa			saction	Execution Date,			3. Transacti	4. Securities Acquired (A) tion Disposed Of (D) (Instr. 3, 4			5. Amou Securitie			m: Direct or Indirect 6	7. Nature of Indirect Beneficial Ownership					
(Month/D							/Day/Ye	Code (Instr. 5)			,	Benefici								
						(Working ayrrear		7 87	+			_		d [' ' '	(1) (1115		(Instr. 4)			
								Code V	Am	nount	(A) or (D)	Price	Transaci (Instr. 3							
		-	Fable II -	Doriva	ativo	Sac	uritios	Λοαι	uired, Dis	nosor	d of	or Bene	oficially	Owned	1		<u> </u>			
		'							, options					Owneu						
4 Tid f		0. T	1	1			_	_						0 Prins of	0. No		10	44 Notono		
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4. Transa	ction			6. Date Exercisable and F. Title and Amore Securities				8. Price of Derivative	9. Number of derivative	ot	10. Ownership	11. Nature of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any		Code (Instr 8)		e (Instr. Derivative Securities					Underlying Derivative Security		Security (Instr. 5)	Securities Beneficial		Form: Direct (D)	Beneficial Ownership		
` Derivative \ \				(Month/Day/Year) 8			Acquired		(Instr. 3 and 4)				(111501. 5)	Owned	´	or Indirect (Instr.	(Instr. 4)			
Security							(A) or Disposed								Following Reported		(I) (Instr. 4)			
						of (D)			of (D) (Instr.						Transaction(s)	n(s)				
				<u></u>		_	3, 4 and 5)			_			T	-	(Instr. 4)					
													Amount or							
									D-4-				Number							
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	of Shares							
Restricted											i	Class A								
Stock Units	\$0.0000 ⁽¹⁾	10/30/2015			A		47,920		(2)	(2)	2)	Common Stock	47,920	\$0.0000	71,640		D			

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contigent \ right \ to \ receive \ one \ share \ of \ Class \ A \ Common \ Stock.$
- 2. The restricted stock units vest in installments of 15%, 15%, 15%, 15%, 15% and 40% on the 13th-month, 2nd, 3rd, 4th and 5th anniversaries of the date of grant (October 30, 2015), repsectively.

Arthur R. Block, Attorney-in-11/02/2015

** 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.