1. Name and Address of Reporting Person
   Honickman Jeffrey A
   ONE COMCAST CENTER
   PHILADELPHIA PA 19103

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

5. Relationship of Reporting Person(s) to Issuer
   X Director 10% Owner
   Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
   06/30/2020

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

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
<th>Code</th>
<th>V</th>
<th>(A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>06/30/2020</td>
<td>A</td>
<td>353</td>
<td>$0.0000</td>
<td></td>
<td>5</td>
<td>A</td>
<td>134,895,3654</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>06/30/2020</td>
<td>F</td>
<td>14</td>
<td>$38.98</td>
<td></td>
<td>5</td>
<td>D</td>
<td>134,881,3654</td>
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<tr>
<td>Class A Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td></td>
<td></td>
<td>154</td>
<td></td>
<td></td>
<td></td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td></td>
<td></td>
<td>20,000</td>
<td></td>
<td></td>
<td></td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>

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### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(quantitative and non-quantitative derivatives)

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Code</th>
<th>V</th>
<th>(A) or (D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Amount or Number of Shares</th>
<th>Title</th>
</tr>
</thead>
</table>

Explanation of Responses:

** 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.