FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| STATEMENT | OF CHANGES | S IN BENEFICIAI | L OWNERSHIP |
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| OMB APPRO | VAL |
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| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| hours per 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).

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* SMITH LAWRENCE S | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | | 5. Relationship of Repo (Check all applicable) Director | | | 10% | | Issuer Owner r (specify | |
|--|---|-------------------------|---------------|---|---|--|---------|---|--|--|-----------------------|---|---|--|---|--|---|--|---------------------------------------|
| (Last) (First) (Middle) COMCAST CORPORATION 1500 MARKET STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2005 | | | | | | | | | X Officer (give title Offier (specify below) EVP & Co-CFO | | | | | |
| (Street) PHILAD (City) | ELPHIA PA | | 19102 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | sposed o | f, or B | enefic | ciall | y Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | 2. Transac | saction 2A. Deel Execution (Day/Year) if any | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | r 5. Amount of | | Form | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | е | Transaction(s) (Instr. 3 and 4) | | | | () |
| Class A Common Stock | | | | | | | | | | | | | | 2,6 | 519 | | I | By Trusts | |
| Class A Special Common Stock 12/2 | | | 12/19/2 | 2006 | | | | | | 24,565 | D | (1 | l) | 90,123.818 | | | D | | |
| Class A Special Common Stock | | | | | | | | | | | | | 24, | 565 | | | By Family Partnership | | |
| Class A Special Common Stock | | | | | | | | | | | | | 10,350 | | | I | By Trusts | | |
| Class A C | ommon Sto | ock | | | | | | | | | | | | 12,391.0854 D | | | | | |
| Class A C | ommon Sto | ock | | | | | | | | | | | | | 1,294 I By IRA | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Year) if any | | on Date, | 4. Transa Code (I 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 3 | . Price of Perivative Security Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Number of Shares | r | | | | | |

Explanation of Responses:

1. On December 19, 2006, the reporting person contributed 24,565 shares of Class A Special Common Stock to a family limited partnership, of which the reporting person is the general partner.

/s/ Smith, Lawrence S.

12/20/2006

** 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.