FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

ANNUAL	STATEMENT	OF CHANGES	IN BENEFICIAL

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hausa nas saananaa. 1 0							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

3 Holdings Rep	orted.		OWNERSHIP								Li	hours per i	esponse:		1.0				
4 Transactions I	Reported.	Filed									1934								
Name and Address of Reporting Person* WATSON DAVID N			2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner										
`	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021						ear)	■ A					ecity				
			4. If Amendi	ment,	Date o	of Oriç	ginal File	d (Month	n/Day/Y	Year)		e) X Fori Fori	n filed by	y One Re	porting P	erson			
	Table	l - Non-Deriva	ative Secur	rities	s Acq	uire	ed, Dis	posed	of, c	or Be	enefici	ally Ow	ned						
Date		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Disposed	Securities Beneficially		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
							Amount		(A) or (D)	A) or Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indire	ect (I)	(Instr. 4)			
Common Sto	ock	02/11/2021		G		7,5	90	D	D \$0.00		0 450,468.97			D					
Common Sto	ock			1 1 1 1 53/8 1 1 1		By Children													
Common St	ock										140			I By		y Spouse			
Common St	ock											440,842		440,842			I	By Trusts	
	Та												ed						
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) of Dispo of (D)	vative irities ired or osed)	Expiration Date			Amount of Securities Underlying Derivative		t of ies /ing ive y (Instr.	Derivative Security (Instr. 5) Benefi Owned Follow Report Transa (Instr.		ative rities ficially d wing rted action(s)	Form: Direct (I or Indire	hip c E O) (ect (11. Nature of Indirect Beneficial Ownership Instr. 4)		
	4 Transactions I	(First) (OMCAST CENTER DELPHIA PA (State) (OMCAST CENTER DELPHIA PA (State) (OMCAST CENTER Table Gecurity (Instr. 3) Common Stock Common Stock Common Stock Common Stock Ta 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	A Transactions Reported. A Transactions Reporting Person* ON DAVID N (First) (Middle) OMCAST CENTER DELPHIA PA 19103 (State) (Zip) Table I - Non-Derivation (Month/Day/Year) Common Stock Common Stock Common Stock Table II - Derivation (e.g., put (e.g., put (e.g., put (Month/Day/Year)) 2. Table II - Derivation (Month/Day/Year) 2. Common Stock Table II - Derivation (Month/Day/Year) 2. Common Stock Table II - Derivation (e.g., put (e.g., put (Month/Day/Year))	A Transactions Reported. Filed pursuant to Sor Section 3 Ind Address of Reporting Person* ON DAVID N (First) (Middle) OMCAST CENTER 3. 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Explanation of Responses:

Elizabeth Wideman, Attorneyin-fact

03/11/2021

** Signature of Reporting Person

of Shares

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.

Date Exercisable Expiration Date