FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | 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* BURKE STEPHEN B | | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | f Reporting Pers | | 10% Ow | ner | | |
|---|---|--|--|--------|------------------|--|--|---------|-------------------------|---------------------------|--|--|--|--|---|---|--|--|--|--|
| (Last) (First) (Middle) ONE COMCAST CENTER | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2015 | | | | | | | | X Officer (give title Other (specify below) Executive Vice President | | | | | |
| (Street) PHILADELPHIA PA 19103 (City) (State) (Zip) | | | | | | 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 | | | | | | |
| (0.5) | | | | n-Deri | ivativ | e Se | curi | ties Ac | quired, | Dis | sposed of | f, or Ber | neficiall ^a | y Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | saction | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | i (A) or | 5. Amou Securitie Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | [| Instr. 4) | | |
| Class A Common Stock 03/30, | | | | | | | 2015 | | | | 46,000 | A | \$14.54 | 455 | 455,863 | | D | | | |
| Class A Common Stock 03/30/ | | | | | | | | | M ⁽¹⁾ | | 32,120 | A | \$18.98 | 3 487 | 487,983 | | D | | | |
| Class A Common Stock 03/30/ | | | | | | 5 | | | F ⁽¹⁾ | | 22,533 | D | \$56.19 | 9 465 | 465,450 | | D | | | |
| Class A Common Stock 03/30/ | | | | | | | | | F ⁽¹⁾ | | 30,631 | D | \$56.18 | 5 434 | 434,819 | | D | | | |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | , | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ransaction ode (Instr. | | of E | | kercis n Date ay/Ye | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | ole | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Option to Purchase | \$14.54 | 03/30/2015 | | | M ⁽¹⁾ | | | 46,000 | 03/27/201 | 0 ⁽²⁾ | 03/26/2019 | Class A Common Stock | 46,000 | \$0.0000 | 184,00 | 0 | D | | | |
| Option to Purchase | \$18.98 | 03/30/2015 | | | M ⁽¹⁾ | | | 32,120 | 03/28/200 | g ⁽²⁾ | 03/27/2018 | Class A Common | 32,120 | \$0.0000 | 96,360 | | D | | | |

Explanation of Responses:

- 1. Transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. With respect to the number of shares set forth in Column 7, this option is immediately exercisable.

Arthur R. Block, Attorney-in-

<u>fact</u>

** Signature of Reporting Person

03/31/2015

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.