FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT (| OF CH | IANGES | IN BENEF | ICIAL O | WNERSHIP |
|-------------|-------|--------|----------|---------|----------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnonse | . 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

| Name and Address of Reporting Person* NOVAK DAVID C | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | ng Person(s) to Issuer 10% Owner | | | | |
|--|--|--|--|-----------------|--|---|-----------------------------|---|----------------|--------|---|---|---|-----------------|---|---------------------------------------|-------------------|---------|------------|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020 | | | | | | | | Office below | er (give title /) | | Other (below) | specify | |
| (Street) PHILAD | ELPHIA P. | A 1 | 19103 | | 4. If <i>i</i> | | | | | | | 6. Indi Line) X | Form filed by More than One Reporting Ferson Form foliation of the Reporting Form foliation of the Reporting Ferson | | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive | Secur | rities | Acc | uired | l, Dis | posed of | , or B | enef | icially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | | | s Acquired (A) of f (D) (Instr. 3, 4 | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Pri | ce | Transaction(s) (Instr. 3 and 4) | | | | (11150: 4) |
| Class A Common Stock 12/31/2 | | | 020 | 20 | | | A | | 596.374 | A | \$0 | .0000 | 339, | 9,327.423 | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | 500 | | I | By Trusts | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Secus Acqu (A) or Disp of (D (Instr. 9) (Instr. 9) (Instr. 9) | | | rities ired osed | 6. Date Expira (Monti | tion D | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

Elizabeth Wideman, Attorney- 01/05/2021

in-fact

** 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.