FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APE | PROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
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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* <u>Honickman Jeffrey A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | | . Relati Check : | tionship of Reportir all applicable) Director | | g Pers | . , | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|---------------------------------------------|--------------------------|------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|----------|-----------------------------------------|---------|------------------------------------------------------------------|--------|---------------|--------------|---------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| (Last) (First) (Middle) PEPSI COLA & NATIONAL BRAND BEVERAGES | | | | | | ate o 28/2 | | st Trans | action (M | lonth/ | Day/Year) | | | 1 | | Offic below | er (give title v) | | | | |
| 8275 US | ROUTE 1 | 30 | | | 4. If | Ame | ndment | , Date o | f Original | l Filed | i (Month/Da | ay/Yea | ar) | | ine) | | | Ì | rm: Direct or Indirect (Instr. 4) of Indirect Ownership Form: 10. Ownership Form: 11. Natur of Indirect Ownership Form: | | |
| (Street) PENNSA | UKEN N | J | 08110 | | , | | | | | | | | | | X | | n filed by Moi | | • | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally C |)wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Exeay/Year) if an | | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | nd S | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , I | Transa | ction(s) 3 and 4) | | | (| |
| Class A C | ommon S | ock | | 01/28 | /2009 | | | | A | | 16.570 | 3 | 3 A S | | 0 | 44,7 | 47.5832 | D | | | |
| Class A C | ommon S | cock | | | | | | | | | | | | | | 1 | 0,000 | I By Trust | | | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, ay/Year) - | 4. Transa Code (8) | Instr. | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiration (Month/D | on Dat | | or | | ount nber | 8. Pric Deriv. Secui (Instr. | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

By: Arthur R. Block, Attorneyin-fact for Jeffrey A.

01/29/2009

Honickman

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).