FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| _ | Section 16. Form 4 or Form 5 |
| J | 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* SOVERN MICHAEL I | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | | elationship ck all appli Directo | cable) | g Pers | son(s) to Iss | | |
|---|--|--|---|---------|---|---|----------|---|---|---|-----------------|---|--|--|---|--|---|--|--|--|
| (Last) (First) (Middle) SOTHEBY'S HOLDINGS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2008 | | | | | | | | | | (give title | | Other (s below) | specify | | |
| 1334 YORK AVENUE | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK NY 10021 | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | า-Deriv | ative | Se | curities | s Ac | quired, D | isp | osed o | of, or B | enef | icially | / Owned | d . | | , | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Yea | | r, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amou Securition Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | , | Amount | (A) (D) | or F | Price | Transac (Instr. 3 | ction(s) | | | (111501.4) | |
| | 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) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (1 8) | | of | | 6. Date Exer Expiration D (Month/Day/ | ate | | e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | . Price of Perivative Pecurity Pecurity Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration ite | Title | or | ount nber ires | | | | | | |
| Phantom Stock | (1) | 11/20/2008 | | | A | | 9,398 | | (2) | | (2) | Class A Common Stock | 9,3 | 398 | \$13.3 | 25,055 | | D | | |

Explanation of Responses:

- 1. These securities convert on a one-to-one basis.
- 2. The reporting person elected to defer receipt of shares of Class A Common Stock granted to the reporting person, resulting in an acquisition of phantom shares. Phantom shares will be paid in cash or in shares, at the election of the Reporting Person. Phantom stock may be redeferred at future dates.

Remarks:

By: Arthur R. Block, Attorneyin-fact for Michael I. Sovern 11/24/2008

** 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.