FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours por rosponso:									

	tion 1(b).			Filed	pursua or Se	ant to S ection 3	ection 0(h) o	16(a f the) of the	e Secu ment C	rities Exchan Company Act	ge Act o of 1940	f 1934		llou	iis pei it	esponse:	0.5		
1. Name and Address of Reporting Person* <u>Honickman Jeffrey A</u>					2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) ONE COMCAST CENTER					12/3	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021									Officer (give title Other (specify below) below)					
(Street) PHILADELPHIA PA 19103					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quire	ed, D	isposed o	f, or E	Benefic	ially Owr	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ear) i	2A. Deemed Execution Date ar) if any (Month/Day/Yea		Code (Instr.			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			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	Transac (Instr. 3	tion(s)			(111301.4)		
Class A C	Common St	ock		12/31/202	21				A		776.178	A	\$0.000	00 151,7	732.1404 D			151,732.1404		
Class A (Common St	ock												154 I By				By Daughters		
Class A C	Common St	ock												20,000 I By T				By Trust		
		Tal	ble I	I - Derivati (e.g., pu							posed of, convertib				d					
1. Title of Derivative Security (Instr. 3)	rative Conversion Date rity or Exercise (Month/Day/Year) if any		4. Transa Code 8)	(Instr.			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				

Explanation of Responses:

Elizabeth Wideman, Attorneyin-fact ** Signature of Reporting Person

01/04/2022

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.