FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

<b>STATEMENT</b>	OF CHANGES	N BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPROVAL								
l	OMB Number: 3235-0287								
l	Estimated average burden								
1	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*  BREEN EDWARD D					2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [ CMCSA ]									ationship k all app Direc	,		rson(s) to Is		
(Last)	(Fir	,		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024									Office	er (give title		Other (s	specify		
ONE COMCAST CENTER					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person					
PHILADELPHIA PA 19103													Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	d, Dis	posed of	, or B	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				/Year) Execu		eemed ition Date, h/Day/Year)					Acquired (A) of (D) (Instr. 3, 4 a		and 5) Secu Bend Own		curities neficially		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Price	Trans		saction(s) r. 3 and 4)			(Instr. 4)
Class A (	Common Sto	ock		03/08/20	024				G		37,500 <sup>(1)</sup> A		\$0.0	0000	93,473.473			D	
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)	if any	tion Date, n/Day/Year)  4. Transaction Code (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		ve derivative Securities	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Expira		Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. This transaction represents an annuity payment to the reporting person from a GRAT of which he is not a trustee.

Elizabeth Wideman, Attorney- 03/11/2024 in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.