1. Name and Address of Reporting Person*  
  Cavanagh Michael J  
  (Last)  
  (First)  
  (Middle)  
  ONE COMCAST CENTER  
  (Street)  
  PHILADELPHIA PA  
  19103  
  (City)  
  (State)  
  (Zip)  

2. Issuer Name and Ticker or Trading Symbol  
  COMCAST CORP [ CMCSA ]

3. Date of Earliest Transaction (Month/Day/Year)  
  09/18/2020  

4. If Amendment, Date of Original Filed (Month/Day/Year)  

5. Relationship of Reporting Person(s) to Issuer  
   (Check all applicable)  
   Director  
   10% Owner  
   X Officer (give title below)  
   CFO

6. Individual or Joint/Group Filing (Check Applicable Line)  
   X Form filed by One Reporting Person  
   Form filed by More than One Reporting Person

---

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units</td>
<td>09/18/2020</td>
<td></td>
<td></td>
<td></td>
<td>17,920</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Each restricted stock unit represents a contingent right to receive one share of Class A Common Stock.
2. The reporting person had previously elected to defer receipt of shares and to notionally reinvest the deferred compensation in another investment plan.
3. These restricted stock units vest on the transaction date.

---

Elizabeth Wideman, Attorney-in-fact  
09/21/2020  
** 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).


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.