FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. | 20549 |
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OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

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* ROBERTS RALPH J | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | heck all application | able) r | 10% | | | er | |
|--|--|--|--|------------|------------------------------|--|---------|---|---|---|-----------------------|--|--|--|---|------------------------------------|---|-------------------|--|--|
| (Last) (First) (Middle) COMCAST CORPORATION 1500 MARKET STREET | | | | | 12 | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2007 | | | | | | | | X Officer (give title Other (specify below) Chairman-Exec & Finance Comm | | | | | | |
| (Street) PHILAD | HILADELPHIA PA 19102 | | | | | 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 | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Ye | | Execution Da | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Follo | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | (Instr. | . 4) | | | |
| Class A Special Common Stock ⁽¹⁾ | | | | 12/13/2007 | | | | | M | | 191,133 | A | \$9.9583 | 2,334,4 | 31 | D | | | | |
| Class A Special Common Stock ⁽²⁾ | | | | 12/13 | /2007 | .007 | | | | | 139,708 | D | \$17.96 | 2,194,7 | '23 | D | | | | |
| Class A Special Common Stock | | | | | | | | | | | | | 278,346 | | I | | By Family Partnerships | | | |
| Class A Special Common Stock | | | | | | | | | | | | | 400,000 | | I | | By GRAT | | | |
| | | | Table I | | | | | | | | posed of, converti | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/E | n Date, | 4. Transa Code (8) | | | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Num derivat Securit Benefic Owned Followi Report | tive ties cially I ing | 10. Owners Form: Direct (or Indir (I) (Inst | bhip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Share | s | (Instr. 4 | | | | | |
| Option to Purchase ⁽³⁾ | \$9.9583 | 12/13/2007 | | | M | | | 191,133 | (4 | 4) | 01/09/2008 | Class A Special Common Stock | 191,13 | 3 \$0 | 0.0 | 0000 | D | | | |

Explanation of Responses:

- 1. Shares acquired (including those deemed to be acquired) upon the exercise of options.
- 2. Shares deemed to be delivered for payment of option exercise price and tax liability.
- 3. This is an option to purchase Class A Special Common Stock.
- 4. This option is immediately exercisable.

Remarks:

/s/ Roberts, Ralph J.

12/17/2007 ** Signature of Reporting Person

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.