FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL							
l	OMB Number:	3235-0287						
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	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

SALVA I								e and Tio	ker or Trac	lina S	Symbol		5 F	Relationship o	f Reporting	a Perso	on(s) to Issu	er		
		1. Name and Address of Reporting Person* <u>SALVA LAWRENCE J</u>						2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	t) (First) (Middle) E COMCAST CENTER					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2014								X Officer (give title Other (specify below) SVP & Controller						
(Street) PHILADELPHIA PA 19103					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	City) (State) (Zip)													Person						
		Tal	ole I - No	n-Deri	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	f, or Ber	eficial	ly Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3	ion(s)					
Class A Cor	ommon Sto	ock		05/2	05/28/2014				М		21,150 A		\$14.5	62,	,620) D				
Class A Cor	ommon Sto	ock		05/28/2014		4			M		19,950 A		\$18.3	82,	,570	70 D				
Class A Cor	ommon Sto	ock		05/2	8/201	4			M		13,950	3,950 A \$)2 96	96,520		20 D			
Class A Common Stock 05/2					8/201				M		4,950	A	\$18.9		101,470		D			
Class A Common Stock 05/28/									F		3,341			_	98,129		D			
Class A Common Stock 05/28/									F				\$51.9		87,882		D			
Class A Common Stock 05/28/									F				\$51.9			D				
Class A Co						/2014			F		13,350 D		\$51.9	_	61,191		D _			
Class A Cor	8/201	tive Securities Acqu		S		19,721 D		\$51.		41,470		D								
											osed of, convertib			Owned						
Security (Instr. 3)		3. Transaction Date (Month/Day/Year) 3A. Deeme Execution if any (Month/Day		Date,		ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			d Amount ies g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares	1						
Option to Purchase	\$25.02	05/28/2014			M			13,950	(1)		03/24/2021	Class A Common Stock	13,950	\$0.0000	51,15	0	D			
Option to Purchase	\$18.34	05/28/2014			М			19,950	(1)		03/25/2020	Class A Common Stock	19,950	\$0.0000	53,200		D			
Option to Purchase	\$14.54	05/28/2014			M			21,150	03/27/2010) ⁽¹⁾	03/26/2019	Class A Common Stock	21,150	\$14.54	35,25	0	D			
Option to Purchase	\$18.98	05/28/2014			M			4,950	03/28/2009) ⁽¹⁾	03/27/2018	Class A Common Stock	4,950	\$0.0000	19,80	0	D			

 $1. \ With \ respect to the \ number \ of \ shares \ set \ for th \ in \ Column \ 7, this \ option \ is \ immediately \ exercisable.$

Arthur R. Block, Attorney-in-

05/30/2014

fact

** 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.