FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasiiiigtori, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|-------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | |

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | ırden |
| 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

| | nd Address of RTS BRIA | Reporting Person* | | | | | r Name a | | | | | | | | | | p of Reporting plicable) | g Person(s) to I | ssuer | |
|---|---|--|-------------|----------------------|--|--|----------|--|--------|------------------------|--------------------------------|---|---|---|--|---|-----------------------------|------------------|-------------------|--|
| , KODEI | XI 5 DIXIA | <u> </u> | | | | | | | | | | | | | X | Direc | | | Owner (anasity | |
| | (Last) (First) (Middle) COMCAST CORPORATION ONE COMCAST CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2008 | | | | | | | | | X Officer (give title Other (specify below) below) Chairman of Board, Pres. & CEO | | | | | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) PHILAD | ELPHIA PA | A | 19103 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | 1 010 | | | | |
| | | Tab | le I - Noi | n-Deriva | ative | Se | ecuritie | es Ac | uired, | Dis | posed | of, o | r Ben | efici | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secu Bene Own | | nount of irities eficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Pric | e:e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Class A S | pecial Com | mon Stock | | 09/16 | /2008 | 3 | | | G | V | 191,0 | 000 | D | 1 | 5 <mark>0</mark> | 1,1 | 81,672 | D | | |
| Class A S | pecial Com | mon Stock | | 08/04 | /2008 | 3 | | | G | V | 210,0 |)57 | D | \$ | 50 | 1,2 | 22,065 | I | By Trusts | |
| Class B C | Common Sto | ock | | 08/04 | /2008 | 3 | | | G | V | 20,20 | 04 | D | 4 | 50 | 40 | 04,712 | I | By Trusts | |
| Class A S | pecial Com | mon Stock | | | | | | | | | | | | | | 61, | 698.732 | I | By 401(k) | |
| Class A S | pecial Com | mon Stock | | | | | | | | | | | | | | | 240 | I | By Daughter | |
| Class A S | pecial Com | mon Stock | | | | | | | | | | | | | 7,056,323 I | | By LLC | | | |
| Class A S | pecial Com | mon Stock | | | | | | | | | | | | | | 2 | 4,068 | I | By Spouse | |
| Class B C | Common Sto | ock | | | | | | | | | | | | | | 9,0 | 39,663 | I | By LLC | |
| | | Ta | able II - [| Derivati e.g., pu | | | | | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, Transact curity or Exercise (Month/Day/Year) if any Code (In | | nctio | 5. Nu | 6. Date E Expiratio (Month/D | 5. Date Exercisable a Expiration Date Month/Day/Year) Date Exercisable Date | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Office Security (Instr. 3 and 4) | | str. 3 ount nber | 8. Pi Deri Seci (Insi | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

Remarks:

/s/ Roberts, Brian L.

10/06/2008

** Signature of Reporting Person

Date

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

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.

^{*} 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).