FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigton, b.o. 20045

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RODIN JUDITH						[333.1]									X	Direct Office	ctor er (give title		Owner er (specify	
(Last) (First) (Middle) 400 ALTON ROAD					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2007										belov		belo			
MURANO GRANDE - UNIT 2201					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MIAMI BEACH FL 33139															X	′				
(City)	(Si	ate) (Zip)																	
		Tabl	e I - Noi	n-Deriva	ative	Sec	uritie	s Acc	quired	Dis	posed o	f, or	Bene	ficia	lly C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution D		n Date,	3. Transa Code 8)						and S B O		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount		(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)			(iiisti. 4)		
Class A Common Stock 10/01/				2007			A		256.6735 A		A	\$0)	4,878.1735		D				
		Та									sed of, onvertib				Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative urity tr. 5)	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)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

Remarks:

/s/ Rodin, Dr. Judith

10/02/2007

** 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.