FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL						
OMB Number: 3235-0							
Estimated average burden							
hours per response:	0.5						
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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* <u>Honickman Jeffrey A</u>						2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]									elationshi ck all ap	olicable)	g Person(s) to	Issuer Owner	
(Last) (First) (Middle) ONE COMCAST CENTER				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014										Offic belo	er (give title w)	Othe belov	r (specify v)		
(Street) PHILADELPHIA PA 19103 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Forr	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	le I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	3ene	iciall	/ Own	ed			
			2. Transaction Date (Month/Day/Year)		Ex if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)				Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice		action(s) 3 and 4)		(Instr. 4)		
Class A Common Stock 09/30/2						2014			A		233	233 A S		0.000	53,	127.6827	D		
Class A Common Stock 09/30/2						.014		F		3) ;	\$53.78	53,	124.6827	D			
Class A Common Stock																0,000	I	By Trust	
		Ta									sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	vative urity or Exercise Price of Derivative Security Security Execution Date, if any (Month/Day/Year)			4. Transac Code (li 8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title Amou Secur Under Deriva Secur and 4	nt of ities lying itive ity (Inst	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Arthur R. Block, Attorney-in-

fact

** Signature of Reporting Person

Date

10/01/2014

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.

 $^{^{\}star}$ 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).