FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por rosponso: | 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

| 1. Name and Address of Reporting Person* WATSON DAVID N | | | | | 2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|--|--------|--|---|----------------------------|--------|--|--------|----------------------|---|---|---|---|---|---|--|--|
| (Last) ONE CC | (Last) (First) (Middle) ONE COMCAST CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2020 | | | | | | | | X Officer (give title Other (specify below) Sr. EVP | | | | | |
| (Street) PHILADELPHIA PA 19103 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | 1 013011 | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | | action | 2A. Deemed Execution I ay/Year) if any | | xecution Date, Transaction | | 4. Securities Acquired (A) or | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | ion(s) | | (Instr. 4) | | |
| Class A Common Stock | | | 03/20/2020 | |) | | | М | | 16,800 | 16,800 A \$0 | | 00 453,1 | 36.945 | D | | | | |
| Class A Common Stock | | | | 03/20 | 03/20/2020 | | | | F | | 7,667 | D | D \$33.37 | | 69.945 | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | 5, | 328 | I | By Children | | |
| Class A Common Stock | | | | | | | | | | | | | | 1 | 40 | I | By Spouse | | |
| Class A Common Stock | | | | | | | | | | | | | 44(|),842 | I | By Trusts | | | |
| | | - | Гable II - | | | | | | | | osed 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. Deemed Execution Date, if any (Month/Day/Year | | 4. Transactio Code (Inst 8) | | on of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | es g Security | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | \$0.0000(1) | 03/20/2020 | | | М | | | 16,800 | (2) | | (2) | Class A Common Stock | 16,800 | \$0.0000 | 83,21 | 3 D | | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contigent right to receive one share of Class A Common Stock.
- 2. These restricted stock units vest on the transaction date.

Elizabeth Wideman, Attorney-03/24/2020 in-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.