FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

VICINE VIEW	\cap E	CHANGES	IN DENIETICIAL	OWNEDCH

L	OWID AFFROVAL										
1	OMB Number:	3235-0287									
	Estimated average burden										
1	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* COHEN DAVID L				2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]							ck all applica Director	ble)	g Person(s) to Issu 10% Ov Other (s		vner	
(Last) (First) (Middle) COMCAST CORPORATION 1500 MARKET STREET			0	3. Date of Earliest Transaction (Month/Day/Year) 03/16/2007							below) Exe	ecutive Vi		below) resident		
(Street) PHILADELPHIA PA 19102 (City) (State) (Zip)		4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line) X	´							
		Та	ble I - Non-De	erivati	ive S	ecuritie	s Ac	quired, Di	sposed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month//		е	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 3, 4) 8) 4. Securities Acquired (A) 0 Disposed Of (D) (Instr. 3, 4)			5. Amount Securities Beneficial Owned Fo Reported	Form lly (D) ollowing (I) (I		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	Amount	(A) or (D)	Price	Transactio (Instr. 3 ar				(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, To ecurity or Exercise (Month/Day/Year) if any		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e s I (A) sed str.	Expiration Date of Set (Month/Day/Year) Under Derive		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Option to Purchase ⁽¹⁾	\$25.44	03/16/2007		A		255,200		03/16/2008 ⁽²⁾	03/15/2017	Class A Common Stock	255,200	\$0	255,20	0	D	
Restricted Stock Units	(3)	03/16/2007		A		97,000		04/16/2008 ⁽⁴⁾	(4)	Class A Common Stock	97,000	\$0	97,000)	D	

Explanation of Responses:

- 1. This is an option to purchase Class A Common Stock.
- 2. The date of grant was March 16, 2007, and the shares vest as follows: 30% vests on the 2nd anniversary of the date of grant; an additional 15% vests on each of the 3rd, 4th and 5th anniversaries of the date of grant; and an additional 5% vests on each of the 6th, 7th, 8th, 9th and 9.5th anniversaries of the date of grant.
- 3. Each restricted stock unit represents a contigent right to receive one share of Class A Common Stock.
- 4. The restricted stock units vest in installments of 15%, 15%, 15%, 15% and 40% on the 13th-month, 2nd, 3rd, 4th and 5th anniversaries of the date of grant (March 16, 2007), respectively.

Remarks:

By: Arthur R. Block, Attorneyin-fact for David L. Cohen 03/19/2007

** 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.