# SEC Form 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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### 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

**OMB APPROVAL**

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

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1. **Name and Address of Reporting Person**
   - Nakahara Asuka
     - **(Last)**
     - **(First)**
     - **(Middle)**
     - ONE COMCAST CENTER
     - **(Street)**
     - **(City)**
     - **(State)**
     - **(Zip)**

2. **Issuer Name and Ticker or Trading Symbol**
   - Comcast Corp [ CMCSA ]

3. **Date of Earliest Transaction (Month/Day/Year)**
   - 09/30/2020

4. **If Amendment, Date of Original Filed (Month/Day/Year)**
   - [ ]

5. **Relationship of Reporting Person(s) to Issuer (Check all applicable)**
   - **X** Director
   - **X** 10% Owner
   - [ ] Officer (give title below)
   - [ ] Other (specify below)

6. **Individual or Joint/Group Filing (Check Applicable Line)**
   - **X** Form filed by One Reporting Person
   - [ ] Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>Date</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>09/30/2020</td>
<td>675.529</td>
<td>$0.0000</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>9,767.529</td>
<td></td>
</tr>
</tbody>
</table>

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Code</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Amount of Shares</th>
</tr>
</thead>
</table>

**Explanation of Responses:**

Elizabeth Wideman, Attorney-in-fact 10/02/2020

**Signature of Reporting Person**

**Date**

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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).**


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.