## Edgar Filing: COMCAST CORP - Form 4

COMCAST	CORP									
Form 4										
December (	)6, 2006									
FORM	ЛД							OMB A	PPROVAL	
	UNITED	STATES			AND EXCHA 1, D.C. 20549	NGE COMMI	SSION	OMB Number:	3235-028	7
Check this box									January 31	
subject Section	if no longer subject to Section 16. Form 4 or								2009 average urs per . 0.9	
Form 5	Filed put	rsuant to S	Section	16(a) of t	he Securities E	xchange Act of	1934,			
obligati	ons Section 170				lding Company			1		
may con <i>See</i> Inst 1(b).	nunue.			•	t Company Act					
(Print or Type	Responses)									
1. Name and SMITH LA	2. Issuer Name <b>and</b> Ticker or Trading Symbol			ng 5. Relation Issuer	5. Relationship of Reporting Person(s) to Issuer					
			COMC	CAST CO	RP [CMCSA]		(Check all applicable)			
(Last) (First) (Middle)			3. Date of	of Earliest 7	Fransaction		(enee	a an approace	)	
			(Month/	Day/Year)			Director 10% Owner			
COMCAS' MARKET	12/05/2	2006		X Of below)	XOfficer (give titleOther (specify below) below) EVP & Co-CFO					
	(Street)		4 If Am	endment F	Date Original	6 Indivi	dual or Io	int/Group Fili	ng(Check	
		onth/Day/Yes	-	Applicabl _X_ Form	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
PHILADE	LPHIA, PA 19102	2				Form Person	filed by M	lore than One R	leporting	
(City)	(State)	(Zip)	Tat	ole I - Non-	Derivative Securi	ties Acquired, Dis	sposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution		Date, if TransactionAcquired (A) or Code Disposed of (D)			5. Amount Securities Beneficially Owned Following Reported Transaction	F y (I (I (I	Ownership orm: Direct O) or Indirect ) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					or	(Instruction	· /			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

(Instr. 3 and 4)

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

Code V Amount (D) Price

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative Securities	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Acquired (A) or	(Month/Day/Year)	(Instr. 3 and 4)

## Edgar Filing: COMCAST CORP - Form 4

(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr.	8)	-	Disposed of (D) (Instr. 3, 4, and 5)				
	Security		Code	V	(A)	(D)	Date Expiration Title Exercisable Date	Title	Amount Number Shares		
Phantom Stock	<u>(1)</u>	12/05/2006		Ι			53,439.5545	<u>(2)</u>	<u>(3)</u>	Class A Special Common Stock	53,439

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SMITH LAWRENCE S COMCAST CORPORATION 1500 MARKET STREET PHILADELPHIA, PA 19102			EVP & Co-CFO					
Signatures								
/s/ Smith, Lawrence S.	/06/2006							

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These securities convert on a one-to-one basis.
- (2) These securities are immediately exercisable.
- (3) Phantom shares will be paid in cash, at the election of the Reporting Person, on certain deferral dates.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.