## Edgar Filing: COMCAST CORP - Form 4

COMCAST	CORP										
Form 4											
April 04, 20	07										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								OMB	3235-0287		
Check th	nis box		Wa	shington	, D.C. 2054	9		Number:	January 31,		
if no longer							Expires:	2005			
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average				
Form 4 c	Section 16. SECURITIES							burden hours per			
Form 5		report to	Section 1	6(a) of the	a Sacuritia	Exchan	ge Act of 1934,	response	0.5		
obligatio	ons Section 17(						of 1935 or Section	h			
may con	unue.			•	Company 2	•		1			
<i>See</i> Instr 1(b).	ruction	50(11)	or the fi	i vestinent	. company i		10				
1(0).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person * ANSTROM S DECKER2. Issuer Name and Tic Symbol				l Ticker or Tra	ading	5. Relationship of	5. Relationship of Reporting Person(s) to				
							Issuer				
			COMC	AST COI	RP [CMCS/	4]	(Chaol	r all amplicable	<b>`</b>		
(Last)	(First) (	Middle)	3. Date o	f Earliest Ti	ransaction		(Check	c all applicable	)		
. ,		,		Day/Year)			X Director	X Director 10% Owner			
LANDMAI	RK		04/02/2	-			Officer (give title Other (specify				
COMMUN	ICATIONS, INC	., 150					below)	below)			
WEST BRA	AMBLETON AV	ENUE									
(Street) 4. If			4. If Ame	endment, Da	ate Original		6. Individual or Joint/Group Filing(Check				
				nth/Day/Yea	-		Applicable Line)				
				·			_X_ Form filed by One Reporting Person				
NORFOLK	, VA 23510						Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)				•.• •		D (11)			
	(State)	(24)	Tab	le I - Non-I	Derivative Sec	curifies Ac	quired, Disposed of	, or Beneficial	-		
1.Title of	2. Transaction Date			3.4. Securities Acquired			5. Amount of		7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Code	on(A) or Dispo (Instr. 3, 4 au		Securities Beneficially	Ownership Form: Direct (D) or	Indirect Beneficial Ownership		
(1150.3)				(Instr. 8)	(IIISU: <i>3</i> , 4 a)	iu <i>5)</i>	Owned				
		× ·	<b>,</b> ,	· · · ·			Following	Indirect (I)	(Instr. 4)		
						(A)	Reported	(Instr. 4)			
						or	Transaction(s) (Instr. 3 and 4)				
<b>C1</b>				Code V	Amount	(D) Pri	ce				
Class A	0.4.00										
Common	04/02/2007			А	242.8127	A \$0	) 5,521.2318	D			
Stock											

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.

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

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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. Transactic Code (Instr. 8)	Securities Acquired (A) or Disposed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other ANSTROM S DECKER LANDMARK COMMUNICATIONS, INC. Х 150 WEST BRAMBLETON AVENUE NORFOLK, VA 23510 Signatures /s/ Anstrom, S. 04/03/2007 Decker \*\*Signature of Date Reporting Person

## **Explanation of Responses:**

\* 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. 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.