

COMCAST CORP
Form 3
November 18, 2002

FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response.....0.5											
3	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type Responses)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> 1. Name and Address of Reporting Person* Rodin Judith (Last) (First) (Middle) </td> <td style="width: 17%;"> 2. Date of Event Requiring Statement (Month/Day/Year) November 18, 2002 </td> <td style="width: 50%;"> 4. Issuer Name and Ticker or Trading Symbol Comcast Corporation (formerly named AT&T Comcast Corporation): CMCSA and CMCSK </td> </tr> <tr> <td> University of Pennsylvania 100 College Hall (Street) </td> <td rowspan="2"> 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) </td> <td> 5. Relationship of Reporting Person to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer (give title below) </td> </tr> <tr> <td> Philadelphia PA 19014 (City) (State) (Zip) </td> <td> 6. Filing Person's Date of Birth (Month/Day/Year) <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below) </td> </tr> <tr> <td colspan="2"></td> <td> 7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person </td> </tr> </table>			1. Name and Address of Reporting Person* Rodin Judith (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) November 18, 2002	4. Issuer Name and Ticker or Trading Symbol Comcast Corporation (formerly named AT&T Comcast Corporation): CMCSA and CMCSK	University of Pennsylvania 100 College Hall (Street)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	5. Relationship of Reporting Person to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer (give title below)	Philadelphia PA 19014 (City) (State) (Zip)	6. Filing Person's Date of Birth (Month/Day/Year) <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below)			7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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Table I -- Non-Derivative Securities Beneficially Owned													
1 Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)										
No securities owned													

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 5(b)(v).

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 control number.

FORM 3 (continued)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares			

Explanation of Responses:

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/s/ Judith Rodin

November 18, 2002

** Signature of Reporting Person
Judith Rodin

Date

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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.

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