FORM 4

(Print or Type Responses)

WALKER ALFRED J

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

GENERAL COMMUNICATION INC [GNCMA]

2. Issuer Name and Ticker or Trading Symbol

| | | | | | | | | | | DII | ector | | 1070 01 | VIICI | |
|---|---|---|---|---|--|--|--|--|--|--|--|------------------------|--|---|------------|
| 2550 DENALI STREET, SUITE 1000 (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2006 | | | | | X Of | X Officer (give title below) Other (specify below) VP & CAO | | | | | |
| (Street) ANCHORAGE, AK 99503 | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ Form | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cc (In | ode (Austr. 8) (In | Securities Acquire) or Disposed of (I str. 3, 4 and 5) (A) or (D) Property of the content of t | | | O Fo D oi (I | wnership o orm: B irect (D) C Indirect (I | eneficial wnership | | | |
| Keminder: F | ceport on a se | eparate line for each | | II - Deri | ivati | ve Securit | ties 4 | Persons this form currently Acquired, Dispose | who respond to a are not require valid OMB con ed of, or Beneficia vertible securities | d to respor trol number ally Owned | d unles | | | SEC 14 | 174 (9-02) |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution Date, if | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | | | Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Form of Derivative Security: Direct (D) or Indirect | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Non- Qualified Stock Option (right to | \$ 11.50 | 05/15/2006 | | A | | 18,750 | | 04/01/2010(1) | 05/15/2016 ⁽²⁾ | Class A Common Stock | 18,750 | \$ 0 | 18,750 | D | |

Reporting Owners

| P. C. N. | Relationships | | | | | | |
|--|---------------|--------------|----------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WALKER ALFRED J 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503 | | | VP & CAO | | | | |

Signatures

| ALFRED J WALKER | 06/01/2006 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

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).
- (1) Vests in full on April 1, 2010 if certain company performance criteria are met.
- (2) Expires on April 1, 2010 if certain company performance criteria are not met, otherwise expires May 15, 2016

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.