FORM 5

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

OMB APPROVAL						
DMB Number:	3235-0362					
Estimated averag	e burden					
oure per reepone	50 10					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL 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

1. Name and Address of Reporting HUGHES G WILSON	2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) Other (specify below)				
(Last) (First) 2550 DENALI STREET, SU	Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) DENALI STREET, SUITE 1000 12/31/2009				Ex VP o	& GM				
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Reporting (check applicable line)					
ANCHORAGE, AK 99503					_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person					
(City) (State)	(Zip)	Т	able I - Non-De	erivative S	Securiti	es Acq	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	4. Securi (A) or D (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock	03/13/2009(1)		I	3,648	D	\$ 5.12	77,774	I	by Trust (2)	
Class A Common Stock	12/31/2009(3)		I	10,598	A	\$ 6.33	606	I	by Trust (2)	
Class A Common Stock							662,813	D		
Class A Common Stock							217,300	I	by Corporation (4)	
Class B Common Stock							2,695	D		

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.

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

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	Execution Date, if	Code	5. Numbor of Deriv Secur Acqui (A) or Disposof (D) (Instr. 4, and	ative ities ired rosed) . 3,	and Expiration Date (Month/Day/Year)		nd Expiration Date Amount of		(Instr. 5)	of Derivative Securities Beneficially Owned at End of Issuer's	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships						
	Director	10% Owner	Officer	Other			
Reporting Owner Name / Address							

HUGHES G WILSON			
2550 DENALI STREET		Ex VP & GM	
SUITE 1000		LX VI & GWI	
ANCHORAGE, AK 99503			

Signatures

Wilson Hughes	01/28/2010
**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) Required corrective distribution and associated forefeiture of excess aggregate contributions and income allocable to those contributions for the 2008 plan year.
- (2) All shares owned by virtue of participation in the Company's Employee Stock Purchase Plan through December 31, 2009.
- (3) Purchases made on behalf of the reporting person by the Company's Employee Stock Purchase Plan during the period January 1, 2009 to December 31, 2009.
- (4) Owned by the issuer on behalf of the reporting person pursuant to a deferred compensation plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.