F	0	RI	M	5
-	C1 1	4 1	10	1

Г	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

Г

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

#### 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 Reporti BORLAND GINA	2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director			
(Last) (First) 2550 DENALI STREET, S	(Middle) SUITE 1000	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009					VP Prod Mgmt Voice	& Messaging	5
(Street)						6. Individual or Joint/Group Reporting (check applicable line)			
ANCHORAGE, AK 9950						_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							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	Beneficial Ownership
Class A Common Stock	12/31/2009		G	13	А	\$ <u>(1)</u>	44,086	D	
Class A Common Stock							42,725	Ι	by Trust (2)

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 5EC 2270 (9-02) 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)

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expiration Date		Amount of		Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securi	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqui	red			4)				Direct (D)	
					(A) or							End of	or Indirect	
					Dispo							Issuer's	(I)	
					of (D)								(Instr. 4)	
					(Instr.	· · ·						(Instr. 4)		
					4, and	5)								
										Amount				
							Date	Expiration		or				
							Exercisable	-	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

# **Reporting Owners**

Departing Owner Name /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BORLAND GINA 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503			VP Prod Mgmt Voice & Messaging					

# Signatures

Gina Borland	02/10/2010
**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) N/A
- (2) All shares owned by virtue of participation in the Company's Employee Stock Purchase Plan through December 31, 2009.

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.