FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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 Person – PRIME II MANAGEMENT INC	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) (Mid C/O PRIME GP INC 3000 ONE AMERICAN CTR, 600 CONC		3. Date of Earliest Transaction (Month/Day/Year) 09/05/2003						[Officer (give title below) X_Other (specify below) See Remarks					
(Street) AUSTIN, TX 78701	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group FilingCheck Applicable Line) X. Form lifel y One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Z	p)	Table I - Non-Derivative Securities Acquired					ative Securit	red, Disposed of, or Beneficially Owned						
		tion Date 19/Year)	Execution Date, if any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: E	Beneficial			
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)				
Class A Common Stock	09/05/20	03		J <mark>(1)</mark>		64,798	А	\$ 0 <u>(1)</u>	64,798	D				
Class A Common Stock	09/05/20	03		<u>ј(2)</u>		64,798	D	\$ 0 (<u>2</u>)	0	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 SEC 1474 (9-02) respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g.; puts, cans, warrants, options, convertible securities)															
1. Title of Derivative Security	2. Conversion or	3. Transaction Date	3A. Deemed	4. Transaction C	ode	5. Number of De	rivative	6. Date Exerc	isable and	7. Title	and Amount of Underlying	8. Price of	9. Number of	10.	11. Nature
(Instr. 3)	Exercise Price of	(Month/Day/Year)	Execution Date, if	(Instr. 8)		Securities Acquired (A) or		Expiration Date		Securities		Derivative	Derivative	Ownership	of Indirect
	Derivative		any			Disposed of (D)		(Month/Day/Year)		(Instr. 3 and 4)		Security	Securities	Form of	Beneficial
	Security		(Month/Day/Year)			(Instr. 3, 4, and 5	i)					(Instr. 5)	Beneficially	Derivative	Ownership
														Security:	(Instr. 4)
								n .						Direct (D)	
								Date	Expiration	Title	Amount or Number of Shares			or Indirect	
								Exercisable	Date				Transaction(s)		
				Code	V	(A)	(D)						(Instr. 4)	(Instr. 4)	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PRIME II MANAGEMENT INC C/O PRIME GP INC 3000 ONE AMERICAN CTR 600 CONGRESS AVE AUSTIN, TX 78701				See Remarks			

Signatures

William P. Glasgow, President of Prime II Management, Inc.	09/09/2003
**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) These securities were distributed from PMG Ventures, L.P. to Reporting Person as the special limited partner of PMG Ventures, L.P. for no consideration.
- (2) Pro rata distribution to the shareholders of Reporting Person for no consideration.

Remarks:

Because the president of the Reporting Person, William Glasgow, serves as a director of the Issuer, the Reporting Person may be deemed a director of the Issuer. The Reporting Person does not admit that it has deputized any person to see

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.