FORM 5

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

OMB APPF	ROVAL
OMB Number:	3235-0362
Estimated averag	e burden
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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 LANDES PAUL E	Person*	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	(Middle) JITE 1000	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011					VP & GM, Consume	er Services	
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line) X Form Filed by One Reporting Person			
ANCHORAGE, AK 99503						Form Filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acqu					nired, 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)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		of (D)	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	03/11/2011(1)		I	Amount 675	D	\$ 11.12	35,624	I	by Trust
Class A Common Stock	08/01/2011		S4	17,498	D	\$ 11.43	18,126	I	by Trust
Class A Common Stock	12/31/2011(3)		Ι	2,706	A	\$ 12.2	20,832	I	by Trust

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	5. Numb of Deriv Secur Acqu (A) of Dispo of (D) (Instr 4, and	rative rities ired rosed) 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		n Date Amount		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned at End of Issuer's	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

Depositing Owner Name /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
LANDES PAUL E 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503			VP & GM, Consumer Services					

Signatures

Paul E. Landes	01/19/2012
**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 2010 plan year.
- (2) All shares owned by virtue of participation in the Company's Employee Stock Purchase Plan as of December 31, 2011.
- (3) Purchases made on behalf of the reporting person by the Company's Employee Stock Purchase Plan during the period January 1, 2011 to December 31, 2011.

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.