FORM 4

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

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

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

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|---|---|------------------|---|---|--------------------------------|---------|--------|--|--|--|--|---|---------------|---|---|-------------------------------------|
| Name and Address of Reporting Person * LOWBER JOHN M | | | | 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) Sr VP, CFO, Secretary, Treas. | | | | | | |
| (Last) (First) (Middle) 2550 DENALI STREET, SUITE 1000 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2012 | | | | | | | Sr VP, | CFO, Secret | ary, Treas. | | | |
| (Street) ANCHORAGE, AK 99503 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City | | (State) | (Zip) | | Т | able I | - Nor | ı-Dei | ivative S | Securitie | es Acqu | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of S (Instr. 3) | Title of Security 2. Transaction Date (Month/Day/Yea | | 2A. Deemed Execution Date, if any | | Code (Instr. 8) | | ction | on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/D | Oay/Year | | ode | V | Amoun | (A) or (D) | Price | (Instr. 3 a | | | Ownership (Instr. 4) | |
| Class A | Common S | Stock | 02/28/2012 | | | | F | | 36,150 | D | \$ 10.97 | 329,064 | ļ | | D | |
| Class A | Common S | Stock | | | | | | | | | | 27,834 | | | I | by Trust |
| Reminder: | Report on a s | separate line fo | or each class of secu Table II - | Derivative | e Securi | ties Ac | equire | Pers cont the t | ons what ained in the contract of the contract | no responding this for this for the splays and the splays and the splays and the splays are splays and the splays are splays and the splays are | orm are a curre eneficial | not requesting ntly valid | | formation spond unle trol numbe | ess | C 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | n 3A. Deemed Execution Da any | 4. Trai | 4. Transaction Code (Instr. 8) | | 5. | | and Expiration Date (Month/Day/Year) Ai (Ui) Se | | 7. T Ame Und Secu | Title and mount of aderlying curities astr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Deriva Securi Direct or Ind | Benefic Owners (y): (Instr. 4 |
| | | | | | | | | | | | | Amount | | | | |

Reporting Owners

| Domestine Occurry Name / | Relationships | | | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| LOWBER JOHN M 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503 | | | Sr VP, CFO, Secretary, Treas. | | | | | |

Signatures

| John M. Lowber | 03/01/2012 |
|---------------------------------|------------|
| **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) All shares owned by virtue of participation in the Company's Employee Stock Purchase Plan as of December 31, 2011.

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.