## 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

1. 37	e Responses	n n *		о т	N.T.	1 77	1 T	1. 0	1 1		5	Palationshin	of Reportin	a Percon(e) to	Leener	
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 10% Owner							
(Last) (First) (Middle) 2550 DENALI STREET, SUITE 1000			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2004						Director 10% Owner  X Officer (give title below) Other (specify below)  Sr VP, CFO, Secretary, Treas.							
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
ANCHOR (City)	RAGE, AK	(State)	(Zip)													
		(State)										ed, Disposed				l
1.Title of Security 2. Transaction Date (Month/Day)			ear) 2A. Deen Execution any (Month/I		e, if Co	ransaction le str. 8)	(A) or Disposed o		of (D) O				6. Ownership Form: Direct (D)	Beneficial		
				(Month)	Day/ I		Code	V Am		(A) or (D)	Price	ilisti. 3 aliq 4)	or India (I)		r Indirect	(Instr. 4)
Class A C	Common St	tock	12/30/2004			1	M <sup>(1)</sup>			Δ	\$	63,083			)	
Class A C	Common St	tock	12/30/2004				S(1)	5,4	125 I	)	\$ 11.05	57,658		]	)	
	Common St	tock									5	54,328		]		by Trust
Class A C		eparate line for each	class of securities b	eneficiall	y own	ed direct	Pe in	rsons this fo	rm are	e not r	equired t	collection o to respond ( I number.				1474 (9-02)
		eparate line for each		- Derivati	ve Sec	urities A	Pe in a c acquired, nts, optio	ersons this fo curren	orm are tly vali ed of, o vertible	e not roid OME or Bene e securi	equired t B control eficially O	to respond ( I number.			ys	1474 (9-02)
Reminder: R	Report on a se	3. Transaction Date	Table II -	Derivati (e.g., put 4. Transac Code	ve Secs, calls 5.tion of D A (//	urities A	Pe in a conception	ersons this fo curren Dispos ns, con	orm are tly vali ed of, o vertible sable an	e not roid OME or Bene e securi	equired t B control eficially O	owned  and Amount erlying es	unless the	form displa	10. Owners Form o Derivat Security Direct ( or Indir	11. Nat of Indir Benefit ive (Instr. 4
Reminder: R  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ve Secs, calls 5.tion of D A (//	urities As, warra Numbe f erivative ecurities cquired A) or isposed f (D) nstr. 3, 4 d 5)	Pe in a conception	Dispos ns, con Exercition Day/Y	orm are tly vali ed of, o vertible sable an	e not roid OME	equired t B control eficially Orities) 7. Title a of Under	owned  and Amount erlying es	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(	To. Owners Form o Derivat Security Direct ( or Indir	hip of Indi Benefi Owner (Instr. D) ect

#### **Reporting Owners**

P. (1.0. N. /	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	12/30/2004	

Date	
	Date

## **Explanation of Responses:**

- $\star$  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) 10b5-1 Plan Indicated

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.