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

| Lesponses |) | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|--|---|--|--|--|---|--|---|---|--|--|--|--|
| 1. Name and Address of Reporting Person PEARCE GREGORY (Last) (First) (Middle) 2550 DENALI STREET, SUITE 1000 | | | | 2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA] 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2015 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X_ Officer (give title below) Other (specify below) | | | | | | |
| | | | | | | | | | | | | | VP & C | 3M Busines | s Services | | | |
| an | (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 | | | | | | | | |
| GE, AK | | (7:) | | | | | | | | | | | | | | | | |
| | (State) | (Ziþ) | | | T | able I | - Non | -Deri | ivative \$ | Securitie | es Ac | equir | ed, Dispo | osed of, or l | Beneficially | Owned | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | Execu any | xecution Date, | , | | | (A) or Disposed of (D) | | | D) E | | | | Ownership | ip of I | 7. Nature of Indirect Beneficial | |
| | | | (Mont | th/Day/` | ıy/Year) | | ode | V | Amoun | (A) or t (D) | Prio | Ì | Instr. 3 a | nd 4) | | | | Ownership (Instr. 4) |
| nmon S | tock | 02/06/2015 | | | | 1 | 4 | | | - ` ` | \$ 14. | 56 | 101,466 | | | D | | |
| nmon S | tock | | | | | | | | | | | 2 | 4,291 | | | I | by 40 (2) | 1(k) |
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| 1 | | (| <i>e.g.</i> , p | uts, call | | arran | | ions, | conver | tible sec | uriti | ies) | | 1 | ı | | | |
| exercise Date Exercise (Month/Day/Year) and | | Execution Date, if Tr | | if Transaction Number Code of | | ative ities ired r osed) . 3, | and Expiration Date (Month/Day/Year) US (I | | Amou Jnder Securi Instr. | nount of derlying Security (Instr. 5) | | Derivative Securities Beneficially Owned Following | Owner Form Deriv Secur Direct or Inc n(s) (I) | Ownership of Be Derivative Security: Direct (D) or Indirect | 11. Natur of Indirect Beneficia Ownersh (Instr. 4) | | | |
| | | | | Code | V | (A) | (D) | | | | ion T | Γitle | Amount or Number of Shares | | | | | |
| | ddress of REGOR LI STR GE, AK ity wersion xercise e of ivative | REGORY (First) LI STREET, SUIT (Street) GE, AK 99503 (State) ity amon Stock amon Stock art on a separate line for one of the s | REGORY (First) (Middle) LI STREET, SUITE 1000 (Street) GE, AK 99503 (State) (Zip) (Month/Day/Year) (Month/Day/Year) Table II - I (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | REGORY REGORY | REGORY (First) (Middle) (Street) (Street) (Street) (Street) (State) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A. If Amendary (A. If Amendary | REGORY (First) (Middle) LI STREET, SUITE 1000 (Street) (Street) (State) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities beneficially of the content of t | Code Code | Acquired (A) or Disposed of (D) (Instr. 3) (Month/Day/Year) Code (Instr. 8) | Code V Code Cod | dress of Reporting Person* REGORY Code V Amount | Code V Amount Chart Code V Amount Chart Code V Amount Chart Chart | According Person Code Co | Address of Reporting Person* REGORY Code V Amount (D) Price | Code Code | 2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC GENERAL COMMUNICATION IN | Areas of Reporting Person and Ticker or Trading Symbol (Check all appli (Check all appli (Director (Ch | Actives of Reporting Person and Ticker or Trading Symbol GENERAL COMMUNICATION INC IGNCMA] (First) (Middle) (Check all applicable) (Chec | Accepting Person 2 LEGORY GENERAL COMMUNICATION INC (Check all applicable) VP & GIM Business Services VP & GIM Business Services 10th (Openship blow VP & GIM Business Services 10th (Instr. 4) 11th (Openship blow VP & GIM Business Services 10th (Instr. 4) 10th (Openship blow VP & GIM Business Services 10th (Openship blow VP & GIM Business Services 10th (Instr. 4) 10th (Instr. 4) 10th (Instr. 4) 10th (Instr. 4) 10th (Openship blow VP & GIM Business Services 10th (Instr. 4) 10th (Openship blow VP & GIM Business Services 10th (Instr. 4) 10th (Instr. 4) 10th (Openship blow VP & GIM Business Services 10th (Instr. 4) 10t |

Reporting Owners

| Ī | D 41 0 N 1 | Relationships | | | | | | | |
|-----|---|---------------|--------------|---------------------------|-------|--|--|--|--|
| Rep | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| | PEARCE GREGORY 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503 | | | VP & GM Business Services | | | | | |

Signatures

| Gregory Pearce | 02/10/2015 |
|----------------|------------|
| | |

| **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) Shares granted pursuant to a restricted stock award agreement. The related unvested shares will vest as follows: 5,482 shares on November 30, 2015, 5,482 shares on November 30, 2016 and 5,482 shares on November 30, 2017.
- $\textbf{(2)} \ \ Shares \ allocated \ to \ Mr. \ Pearce \ under \ the \ Company's \ 401(k) \ Plan \ as \ of \ February \ 6, \ 2015.$

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.