FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average 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).

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 * Pounds Peter | | | GE | 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) SVP, CFO and Secretary | | | | | |
| (Last) (First) (Middle) 2550 DENALI STREET SUITE 1000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2016 | | | | | | | SVP, | CFO and Se | cretary | |
| (Street) ANCHORAGE, AK 99503 | | | 4. It | 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 | | | | | |
| (City | (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/Ye | Exe ar) any | Deemed ecution Date, if onth/Day/Year) | Code (Instr. 8) | | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficial | unt of Securities itally Owned Following at Transaction(s) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | (1120 | onun Suj, Tem | Code | V | Amount | (A) or (D) | Price | (and t) | | | or Indirect (I) (Instr. 4) | |
| | Class A Common Stock | | | | | | | 2 000 | D | \$ 0 | 138,621 | | | D | |
| | | | 03/14/2016 r each class of so | curities | beneficially ov | | y or ir Perso | ons who | respon | nd to t | he collec | ction of inf | spond unle | SEC ss | 1474 (9-02 |
| | | | r each class of so | - Deriv | vative Securit | wned directl | y or in Perso conta the fo | ndirectly ons who ained in orm disp | o responding this for plays a | nd to t | he collect not requ ntly valid | ction of inf | | SEC ss | 1474 (9-02 |
| Reminder: | Report on a s | 3. Transaction | Table I 3A. Deem Execution any | - Deriv (e.g., d Date, if | vative Securit puts, calls, wa 4. Transaction Code (Instr. 8) | wned directl | y or in Perso conta the fo d, Dis tions, o | ndirectly ons who ained in orm disp | oresponthis for plays a f, or Bentible seculisable in Date | nd to to trm are currer reficiall rities) 7. Ti Amo Undo | he collect not requ ntly valid | ction of infinited to res OMB con | spond unle | SEC SS r. of 10. Owners Form of Derivati Security Direct (or Indire | 11. Na of Ind Benef Owne (Instr. |

Reporting Owners

| | Relationships | | | | | | |
|--------------------------------|---------------|--------------|------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Pounds Peter | | | | | | | |
| 2550 DENALI STREET SUITE 1000 | | | SVP, CFO and Secretary | | | | |
| ANCHORAGE, AK 99503 | | | | | | | |

Signatures

| By: Bryan Fick For: Peter Pounds | 03/14/2016 |
|----------------------------------|------------|
| **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).

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.