# 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)												
1. Name and Address of Reporting Person* SCHNEIDER JAMES M				2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 2550 DENALI STREET, SUITE 1000				3. Date of Earliest Transaction (Month/Day/Year) 12/19/2016										
(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)			Table I - Non-Derivative Securities Acqu					Acqui	ired, 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 (Instr. 8)	)	(A) or I	Disposed of 3, 4 and 5)  (A) or other (D)	of (D)	Reported Transaction(s) (Instr. 3 and 4)		Following (s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A	Common S	Stock	12/19/2016		G		3,600	D	\$ 0	51,392			D	
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acquir	Perso conta the fo	ons whained in orm dis	no respon n this form splays a co	m are currer eficiall	not requesting noting the noting in the noti	OMB conf	formation spond unles trol number	s	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Day Year)	te, if Transaction Code Year) (Instr. 8)	5.	6. Dat and E (Mon	te Exerc Expiration th/Day/	cisable on Date	7. Ti Amo Undo Secu (Inst 4)	Amount or Number		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficial Ownershi (Instr. 4)

### **Reporting Owners**

D ( O N (	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCHNEIDER JAMES M 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503	X					

# **Signatures**

By: Bryan Fick For: James M. Schneider	12/20/2016
**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.