FORM 4

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

OMB APPROVAL
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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 * Kroloff Mark				2. Issuer Name and Ticker or Trading Symbol GCI LIBERTY, INC. [GNCMA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 2550 DENALI STREET, SUITE 1000				3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018								Office	r (give title belo	ow)	Other (specify b	pelow)
(Street) ANCHORAGE, AK 99503				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			any	ecution Date, if		(Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(Monay Day) Tour			ode	V	Amour	· (/	Price	(or Indirect (I) (Instr. 4)	
Class A Common Stock 02/20/		02/20/2018			J <u>r</u>	(1)	V	66,10	0 D	\$ 0 (1)	0			D		
Class A-1 Common Stock		02/20/2018			J <u>í</u>	(1)	V	66,10	0 A	\$ 0 (1)	66,100			D		
Reminder:	Report on a s	separate line for	r each class of secur	ities benefici				Pers cont the f	ons wh ained i orm dis	no responding this following this following the second representation of t	rm are curre	not requ ntly valid		ormation spond unle trol numbe	ss	1474 (9-02)
ı	I			e.g., puts, ca		arran		tions,	conver	tible secu	rities)		1	T .		
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Y	Execution D Year) any	Code	, if Transaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	tle and bunt of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownersh (Instr. 4) D)
				Code	V	(A)	(D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

P (O N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kroloff Mark 2550 DENALI STREET SUITE 1000 ANCHORAGE, AK 99503	X						

Signatures

By: Bryan Fick For: Mark Kroloff	02/22/2018		
**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).

On February 20, 2018, the Commissioner of the Department of Commerce, Community and Economic Development of the State of Alaska accepted for filing the Issuer's amended and restated articles of incorporation that were previously filed on February 2, 2018. As a result, each share of the Issuer's former Class A common stock and Class B common stock was reclassified into one share of its Class A-1 common stock and Class B-1 common stock, respectively. These reclassifications were approved by the Issuer's board of directors pursuant to Rule 16b-3 under the Securities and Exchange Act of 1934, as amended, and are also exempt under Rule 16b-7.

Remarks:

The Issuer was formerly known as General Communication, Inc.

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.