FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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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* GLASGOW WILLIAM PARKER				2. Issuer Name and Ticker or Trading Symbol GENERAL COMMUNICATION INC [GNCMA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ DirectorOfficer (give title below) Check all applicable Owner Other (specify below)							
(Last) (First) (Middle) ONE AMERICAN CENTER STE 200, 600 CONGRESS AVE				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2003														
AUSTIN	T, TX 7870	(Street)		4. If Ar	nendmer	nt, D	ate C	rigin	nal Fi	led(Month	n/Day/Year)		_X_ Form fil	ual or Joint/eled by One Reported by More than	orting Person		**	Line)
(City)	(State)	(Zip)			Tab	le I -	Non	-Der	ivative S	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Own	ed	
1.Title of Security (2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		, if	f Code (Instr. 8)		4. Securities Acquarties (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	mount of Securities efficially Owned Following ented Transaction(s) r. 3 and 4)		Forn	nership on:	7. Nature of Indirect Beneficial Ownership			
				(Monui Day)		ar)	Co	de	V	V Amount (A) or (D) P		Price	and 4)				Instr. 4)	
Class A (Common S	Stock	09/05/2003				J	<u>l)</u>		14,03	0 A	\$ 0 (1)	99,944			D		
Class A (lass A Common Stock											79 ⁽²⁾			I	1	Note (3)	
Class A Common Stock											79 ⁽²⁾			I	1	Note (4)		
Reminder:	Report on a s	separate line for	r each class of secur	Derivati	ve Secui	ritie	s Acq	uire	Persecontains the fe	ons whained in	no responding this following this following the following	rm are curre	e not requently valid	ction of inf uired to res OMB con	spond unle		SEC 1	474 (9-02)
1 Title of	2	3 Transaction			s, calls,			s, opt			tible secu		itle and	8. Price of	9. Number	of 1	10.	11. Natu
Derivative Security Security Security Security Security Acqu (A) o Disp of (D (Instr		Number and		and I	5. Date Exercisable and Expiration Date Month/Day/Year)		Am Und Sec	ount of derlying urities str. 3 and	Derivative Security (Instr. 5)		y E S C O O O O O O O O O O O O O O O O O O	Dwnershi Dwnershi Form of Derivative Security: Direct (Dor Indirect I) Instr. 4)	of Indire Benefici Ownersh (Instr. 4)					
					Code V	7 (.	A) (Date Exer	cisable	Expiration Date	n Titl	Amount or e Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GLASGOW WILLIAM PARKER ONE AMERICAN CENTER STE 200 600 CONGRESS AVE AUSTIN, TX 78701	X						

Signatures

William P. Glasgow	09/09/2003
**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) Pro rata distributions from various corporations and limited partnerships in which the Reporting Person had an interest. No consideration was paid for the shares.
- (2) The filing of this statement is not to be construed as an admission that the undersigned is, for the purpose of Section 16 of the Securities Exchange Act of 1934, the beneficial owner of these securities.
- (3) By self, as custodian for his minor child, Katherine Merrill Glasgow.
- (4) By self, as custodian for his minor child, Megan Elizabeth Glasgow.

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.