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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Green Richard R | | | | | | 2. Issuer Name and Ticker or Trading Symbol GCI LIBERTY, INC. [GLIBA] | | | | | | | | | | olicable) | | Person(s) to Issuer | |
|--|--|--|------------------|---|---|--|--------|--|------------------|---------------|-----------|--|----------------|---|---|---|--|--|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2018 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 12300 LIBERTY BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | · I | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ENGLEWOOD CO 80112 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | e I - No | lon-Deriva | ative S | Secu | rities | s Ac | quired | l, Di | sposed of | f, or B | enefici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | · | 3. Transaction Code (Instr. 8) | | | | ınd 5) Secur | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Repor Trans | | (| (| | | |
| Class A Common Stock 03/09/2013 | | | | | 8 | | | | J ⁽¹⁾ | | 354 | A | \$0.000 | 0000(1) | | 354 ⁽²⁾ | I | By Spouse | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | f any (Month/Day/Year) 8 | | sinsaction de (Instr. Securitie: Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | rative rities ired r osed) | Expira (Month | tion [| Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | of Deri Secu | 8. Price of Derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. On March 9, 2018, Liberty Interactive Corporation ("Liberty Interactive") redeemed (the "Redemption") each share of its Liberty Ventures common stock for shares of common stock of GCI Liberty, Inc. (the "Issuer"). In the Redemption, Liberty Interactive redeemed (i) each outstanding share of its Series A Liberty Ventures common stock for one share of the Issuer's Class A common stock and (ii) each outstanding share of its Series B Liberty Ventures common stock for one share of the Issuer's Class B common stock.
- 2. The reporting person disclaims beneficial ownership of these shares owned by his spouse.

/s/ Craig Troyer as Attorneyin-Fact for Richard R. Green 03/13/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.