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

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

#### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Form 4 Transactions Investment Company Act of 1940 Reported

1. Name and Address of Reporting Person * SKUCIUS MICHAEL J			2. Issuer Name and COMMUNICAT			C [JCS]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003					X Officer (give title below) Other (specify below)  Dir of Information Services			
261 7TH ST W			12/31/2003								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
HECTOR, MN 553	42							X_Form Filed by One Reporting Person Form Filed by More than One Reporting Pers	on		
(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/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securiti (A) or Dis (Instr. 3, 4)	posed o	f (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership	
Common Stock		12/31/2003		A	379.877	A	\$ 8.01	9,889.86	I	*ESOP	
Common Stock								29,570	D		

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

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code		ive ies ed	6. Date Exerci Expiration Dat (Month/Day/Y	te	of Underlying Securities		8. Price of Derivative Security (Instr. 5)	of Derivative Securities Beneficially Owned at End of Issuer's	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares				
Incentive Stock Option	\$ 7.14	03/07/2003		A	4,500		09/07/2003	03/07/2008	Common Stock	4,500	\$ 7.14	4,500	I	Option (2)
Incentive Stock Option	\$ 8.48						09/11/2002	03/11/2007	Common Stock	3,900		3,900		Option (2)
Incentive Stock Option	\$ 8						09/05/2001	03/05/2006	Common Stock	3,900		3,900	I	Option (2)
Incentive Stock Option	\$ 16.875						10/10/2000	04/10/2005	Common Stock	5,400		5,400		Option (2)
Incentive Stock Option	\$ 10.063						03/12/1999	03/12/2004	Common Stock	4,500		4,500		Option (2)

## **Reporting Owners**

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other

SKUCIUS MICHAEL J			
261 7TH ST W		Dir of Information Services	
HECTOR, MN 55342			

# **Signatures**

Paul N. Hanson	03/10/2004
**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. 78 (Fr.)
- (1) \*Acquired pursuant to Communications Systems Inc Employee Stock Ownership Plan & Trust
- (2) Option granted under Communications Systems Inc 1992 Stock Option Plan

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.