| FORM | 4 |
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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). |

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

| 1. Name and Address of Reporting Person [*] BRAUN CHARLES A | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
|---|--|--|--|--------------------|---|------------------------|---|------------|--|----------------------------------|---|--|
| 510 2ND STREE | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2004 | | | | | | X_Officer (give title below) Other (specify below) Controller | | | | | |
| (Street) HECTOR, MN 55342 | | | 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 Acq | | | | | s Acqu | uired, 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 Disposed of (D) | | of (D) | 5. Amount of Securities6.Beneficially Owned Following Reported Transaction(s)Ownership Form:(Instr. 3 and 4)Direct (D) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Wohth Day Toar) | Code | v | Amount | (A) or (D) | Price | (1150. 5 and 4) | or Indirect (I) (Instr. 4) | | |
| Common Stock | | 09/10/2004 | | J <u>(1)</u> | | 262 | А | \$ 6.84 | 33,469 | D | | |
| Common Stock | | | | | | | | | 7,018.29 | Ι | *ESOP (2) | |

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

Persons who respond to the collection of information contained in this form are not required to respond unl

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contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
|--|------------|--|---|------|---|-----|---|---|--------------------|-----------------------|--|--------------------------------------|--|--|------------|
| Security | Conversion | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | of | ber ative ities ired r osed) . 3, | 6. Date Exer and Expiration (Month/Day) | on Date | Amor Unde Secur | unt of rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | V | (A) | | Date Exercisable | Expiration Date | litle | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | | |
|---|---------------|--------------|------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| BRAUN CHARLES A 510 2ND STREET E HECTOR, MN 55342 | | | Controller | | | | | | |

Signatures

| /s/ Charles A. Braun | 09/10/2004 |
|---------------------------------|------------|
| **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. 78ff(a).
- (1) Acquired pursuant to Communications Systems, Inc. Employee Stock Purchase Plan
- (2) Acquired pursuant to Communications Systems, Inc. Employee Stock Ownership Plan & Trust

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.