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

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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 Type Respon	ses)										
1. Name and Address SAMPSON CUR	2. Issuer Name COMMUNIC			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
PO BOX 777, S M	3. Date of Earlie 12/30/2008	st Transac	tion (Month/Day/	Year)	X_Officer (give title below)Other (specify below) Chairman					
HECTOR, MN 5:	4. If Amendmen	t, Date Ori	iginal	Filed(Month/I	Day/Year	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	1	able I - N	lon-D	erivative Se	ecuritie	es Acqu	ired, Disposed of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)			Execution Date, if			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	· · ·	Ownership (Instr. 4)
Common Stock		12/30/2008		G	v	10,000	D	\$ 7.25	1,091,598	D	
Common Stock		12/31/2008		А	v	1,781.28	D	\$ 7.8	39,010.105	Ι	*ESOP (1)
Common Stock		12/31/2008		А	v	1,781	А	\$ 7.8	1,093,379	D	
Common Stock							16,323	Ι	Spouse Ownershi		
Common Stock									10,624	Ι	Sampson Family (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 unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

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

 (a.g., puts, colls, warrants, ontions, convertible securities)

(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.	6. Date Exercisable		6. Date Exercisable		le and	8. Price of	9. Number of	10.	11. Nature			
Derivative	Conversion	Date	Execution Date, if	Transacti	ion	Num	umber and Expiration Date A		Amou	int of	Derivative	Derivative	Ownership	of Indirect				
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	Derivative		Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership				
	Derivative					Secu	Securities ((Instr	. 3 and		Owned	Security:	(Instr. 4)				
	Security					Acqu	ired			4)			Following	Direct (D)				
						(A) o							1	or Indirect				
						Dispo							Transaction(s)	(I)				
						of (D	·						(Instr. 4)	(Instr. 4)				
						(Instr	· · · ·											
						4, an	d 5)											
											Amount							
								Date	Expiration		or							
								Exercisable				*	Title	Number				
								Excicisable	Date		of							
				Code	V	(A)	(D)				Shares							

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SAMPSON CURTIS A PO BOX 777 S MAIN ST HECTOR, MN 55342	Х	Х	Chairman					

Signatures

/s/ Curtis A. Sampson	01/02/2009
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. ESOP
- (2) Curtis A. Sampson, Trustee

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.