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

Time of Ty	pe Response	-7													
1. Name and Address of Reporting Person Lacey Roger HD (Last) (First) (Middle) 10900 RED CIRCLE DRIVE (Street) MINNETONKA, MN 55343				2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS] 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2018 4. If Amendment, Date Original Filed(Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
										_	Officer (give	title below)	Otho	r (specify below	v)
											6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person nired, Disposed of, or Beneficially Owned				e)
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						s Acquire					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea) any	ion Date, if	Code (Inst	e	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Ov Tra	wned Followi ansaction(s)	· · · ·		Ownership Form:	Beneficial	
				(Month	n/Day/Year)		ode V	Amount	(A) or (D)	Price	nstr. 3 and 4)	·)		Direct (D) or Indirect I) Instr. 4)	Ownership (Instr. 4)
Common	Stock									65	5,977.789	<u>(1)</u>)	
Reminder:	Report on a s	separate line for eacl					Person in this displa	ns who re form are /s a curre	not re	equired to ralid OME	collection o to respond B control n	unless the		ed SEC	474 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II - 3A. Deemed Execution Date, if	· Derivati (e.g., pu	ive Securitits, calls, was calls, was of Deriva Securit Acquir (A) or Dispos of (D) (Instr.	des Accarrant inber tive ties red	Persoi in this	ns who re form are ys a curre osed of, or onvertible cisable and	not re ently v r Benef securi	equired to ralid OME ficially Ov ties)	o respond of B control nowned	unless the umber. 8. Price of		f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indire Benefic (Owners: (Instr. 4
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., pu 4. Transaci Code	ive Securiti ts, calls, wa 5. Nun Deriva Securit Acquir (A) or Dispos of (D)	des Accarrant inber tive ties red	Person in this displated quired, Displated, Control of the Exeres Expiration I	ns who re form are ys a curre osed of, or onvertible cisable and	not reently v	ralid OME ficially Overties) 7. Title are of Underly Securities	o respond of B control nowned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indire Benefic (Owners: (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Lacey Roger HD 10900 RED CIRCLE DRIVE MINNETONKA, MN 55343	X				

Signatures

Suzette McNally, Attorney-in-Fact for Roger H.D. Lacey	12/14/2018
**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) Reflects all Employee Stock Purchase Plan and shares purchased through a broker-sponsored Dividend Reinvestment Plan (162.6 shares at \$3.7884 on 4/2/2018, 51.29 shares at \$3.5972 on 4/2/2018 and an additional 441.041 shares).

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.