FORM 4

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

| OMB APPROV | /AL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bur | den |
| 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 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 *- Webster Steven | | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS] | | | | | | 4 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | |
|--|---|------------------------|---|--|---|------------------------------------|--|---|---|--|--|--|---------------------------------|---|---|--|
| (Last) (First) (Middle) 4901 ARDEN AVE. | | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2020 | | | | | | - | Officer (give title below) Other (specify below) | | | | | |
| (Street) EDINA, MN 55424 | | | | 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 lired, Disposed of, or Beneficially Owned | | | |) | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | Acquir | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Execu any | xecution Date, if | | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) | | f (D) | 5. Amount of S Owned Follow Fransaction(s) (Instr. 3 and 4) | ing Reported | d (| Ownership Form: | Beneficial Ownership | | |
| | | Choma Zuyi I | | C | ode ' | V A | Amount (A) or (D) | | Price | | | (| or Indirect I) Instr. 4) | | | |
| Common Stock | | | | | | | | | | 4 | 5,000 | |] |) | | |
| Reminder: | Report on a | separate line for each | class of securities b | peneficial | lly owned d | rectly | Per in t | rsons this fo | rm are | not re | quired | collection o | | | | 1474 (9-02) |
| Reminder: | Report on a s | separate line for each | | - Deriva | tive Securi | ies Ac | Per in t a c | rsons this fo turren | orm are tly valided | not re d OMB r Benef | quired contro | to respond of number. | | | | 1474 (9-02) |
| 1. Title of | 2. Conversion | 3. Transaction | Table II 3A. Deemed Execution Date, if | - Deriva (e.g., pt 4. Transac Code | tive Securiuts, calls, w 5. Nun of Der Securi | ies Acarrantiber vative ies ed (A) | equired, I ts, option 6. Date Expirati (Month) | rsons this for this for this pos sis, con Exercation Da | orm are tly valid ed of, o vertible isable ar te | not re d OMB or Benef | quired control icially (ies) 7. Title of Und Securit | to respond of number. Dwned e and Amount lerlying | 8. Price of | 9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(| To Ownersl Form of Derivati Security Direct (I or Indirect) (I) | 11. Natu of Indire Benefici Ownersh (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II 3A. Deemed Execution Date, if any | - Deriva (e.g., pt 4. Transac Code | tive Securiuts, calls, w 5. Num of Der Securi Acquii or Disj of (D) (Instr. | ies Acarrantiber vative ies ed (A) | Per in t a co | rsons this for turren Dispos is, con Exerc ion Da /Day/Y | orm are tly valid ed of, o vertible isable ar te | e not re d OMB or Benef e securit nd | quired control icially (ies) 7. Title of Und Securit | to respond of number. Dwned and Amount derlying ties | 8. Price of Derivative Security | 9. Number o Derivative Securities Beneficially Owned Following Reported | To. Ownersl Form of Derivati Security Direct (I or Indire | 11. Natu of Indire Benefici Ownersh (Instr. 4) |

Reporting Owners

| D (O N / | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Webster Steven 4901 ARDEN AVE. EDINA, MN 55424 | X | | | | | |

Signatures

| Suzette McNally, Attorney-in-Fact for Steven Webster | 06/18/2020 |
|--|------------|
| 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).

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. |
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