<b>FORM</b>	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 Addres SAMPSON CUI	2. Issuer Name an COMMUNICA					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
PO BOX 777, S	(First) MAIN ST	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/05/2004						X_Officer (give title below)Other (specify below) Chairman, CEO			
HECTOR, MN :	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 11/08/2004					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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)	
Common Stock		11/05/2004		S		3,100 (1)	D	\$ 11.50	1,116,392	D		
Common Stock									16,323	Ι	Spouse	
Common Stock									25,776.26	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 unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

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

(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	i.		6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature				
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Jumb	er	r and Expiration Date		and Expiration Date A		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	of		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	ative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership				
	Derivative				S	Securi	ties	es						(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	Acqui	red			4)			0	Direct (D)					
					· ·	A) or							1	or Indirect					
						Dispo							Transaction(s)						
					of (D)								(Instr. 4)	(Instr. 4)					
					`	(Instr. 3,													
				-	4	4, and 5)													
											Amount								
								Date	Expiration		or								
								Exercisable		Title	Number								
								Excicisable	Duit		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, CEO					

## **Signatures**

/s/ Curtis A. Sampson	11/08/2004

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) Stock sold pursuant to Stock Sale Plan 10b5-1 filed November 2, 2004.
- (2) Acquired pursuant to Communications Systems Inc Employee Stock Ownership Plan and Trust

#### **Remarks:**

To correct error in Transaction Code reported.

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.