(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

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 *- BERG JEFFREY K				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						
(Last) (First) (Middle) 2047 WOODSTONE DR				3. Date of Earliest Transaction (Month/Day/Year) 11/10/2004								X Officer (give title below) Other (specify below) President, COO						
(Street) VICTORIA, MN 55386				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)			Ta	able I	- Nor	-Der	ivative S	ecuriti	es Acqui	ired, Disp	osed of, or I	Beneficially	Owne	d	
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		tion	(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:		Nature f Indirect eneficial	
				(Wolld	1/Day/ 1	(car)		ode	V	Amount	(A) or (D)	Price	(msu. 3 a	iliu 4)		or Inc (I) (Instr	direct (1	nstr. 4)
Stock Options			11/10/2004				N	Л		10,000	A	\$ 7.14	21,744			D		
Stock Options			11/10/2004				N	Л		12,000	A	\$8	33,744	44		D		
Stock Option			11/10/2004				N	Л		7,600	A	\$ 8.48	41,344	1,344		D		
Common Stock		11/10/2004				S	S		9,600	D	\$ 11.89	31,744			D			
Common Stock 11/10			11/10/2004			S	S		20,000	D	\$ 11.60	11,744			D			
Common Stock													10,145.	02		I	*	ESOP
Reminder:	Report on a	separate line f	or each class of secur	rities ber	neficial	ly ov	wned o		Pers	ons wh	o resp			ction of inf		ess	SEC 14	74 (9-02)
			Table II -					quire	d, Di	isposed o	of, or Bo	eneficial	-	OMB cont	trol numbe	er.		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output 3. Transaction Date Execution Execution Date (Month/Day/Year) Output 3. Transaction Date (Month/Day/Year) Execution Execution Execution Date (Month/Day/Year) Output Output		ate, if T	4. 5 e, if Transaction N Code o ('ear) (Instr. 8)		5. Number of Operivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. D	ons, convertible secur i. Date Exercisable and Expiration Date Month/Day/Year)		7. Ti Amo Und Secu	itle and ount of erlying trities and Amount or	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y O Fo D So or or or (I)	wnership orm of erivative ecurity: irect (D) Indirect	Beneficia Ownershi (Instr. 4)		
					Code	V	(A)	(D)	Date Exer		Expirati Date	Title	Number of Shares					
Damar	tina O																	

Reporting Owners

P (0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BERG JEFFREY K 2047 WOODSTONE DR VICTORIA, MN 55386			President, COO					

Signatures

/s/ Jeffrey K. Berg	11/12/2004
***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 Ownership Plan and 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.