FORM 4

Check this box if no	
longer subject to	
Section 16. Form 4 or	
Form 5 obligations	
may continue. See	
Instruction 1(b).	

(Drint or Type D

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

1. Name and Address of Repo HANSON PAUL N	2. Issuer Name an COMMUNICA			<i>.</i> .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner							
213 S MAIN ST, PO B	^(First) OX 777	(Middle)	3. Date of Earliest 1 12/17/2007	Fransaction ((Mor	th/Day/Ye	ear)	X_Officer (give title below)Other (specify below)Other (sp					
HECTOR, MN 55342	(Street)		4. If Amendment, Date Original Filed(Month/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)		Table I - N	Non-l	Derivativo	Securi	ties Acq	uired, Disposed of, or Beneficially Ov	oosed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		(Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D)	Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock		12/17/2007		M/K		12,000	А	\$ 7.14	88,899	D			
Common Stock		12/17/2007		F/K		7,230	D	\$ 11.85	81,669	D			
Common Stock									1,411		Spouse Ownership		
Common Stock									14,498.01	Ι	*ESOP (1)		

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

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. N	umber	6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of D	erivative	Expiration Dat	e	of Underlying D		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Secu	urities	ties (Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Acq	uired (A)			(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or D	isposed						Security:	(Instr. 4)	
	Security					of (l					0	Direct (D)			
							tr. 3, 4,				-	or Indirect			
						and	5)				Transaction(s)	· · /			
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
									Date	Title	Number				
								Excicisuole	Dute		of				
				Code	V	(A)	(D)				Shares				
Incentive										-					
Stock	\$ 7.14	12/17/2007		M/K			12 000	00/07/2005	03/07/2008	Common	12,000	\$ 7.14	0	D	
	\$ 7.14	12/1//2007		101/1			12,000	09/07/2003	03/07/2008	Stock	12,000	φ /.1-	0	D	
Option															

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
HANSON PAUL N 213 S MAIN ST PO BOX 777 HECTOR, MN 55342			CFO, Treas, Sec'y						

Signatures

/s/ Paul N. Hanson	12/18/2007
**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 & 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.