FORM 4	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 Perponses)

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

(Print or Type Responses)										
1. Name and Address of Reporting SAMPSON CURTIS A	2. Issuer Nan COMMUN			or Trading Syn SYSTEMS		5. Relationship of Reporting Po (Check all ap XDirector	plicable) 10% Owner			
PO BOX 777, S MAIN ST	3. Date of Earl 03/05/2008	iest Transa	action	n (Month/Day	/Year)	X_Officer (give title below) Other (specify below) Chairman				
(Street) HECTOR, MN 55342	4. If Amendme	ent, Date C	rigin	al Filed(Month	/Day/Ye	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 S	ecurit	ies Acqu	ired, Disposed of, or Beneficia	lly Owned	
(Instr. 3) Date (Month/Day/Year) an			Code	on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	· · ·	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4) or I (I) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/05/2008	12/31/2007	А		1,181 (2)	D	\$ 11.94	26,930.32	Ι	*ESOP (1)
Common Stock	03/05/2008	12/31/2007	А		1,181 (2)	А	\$ 11.94	1,101,698	D	
Common Stock	03/05/2008	12/31/2007	А		13,861.21	А	\$ 11.875	40,791.385	Ι	*ESOP (3)
Common Stock								16,323	Ι	Spouse Ownershi
Common Stock								624	Ι	Sampson Family Fdtn (4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

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.

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.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	d 5)								
											Amount				
								D .	T • .•		or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships					
Reporting Owner Name /	Director	10% Owner	Officer	Other		
Address						

SAMPSON CURTIS A PO BOX 777 S MAIN ST HECTOR, MN 55342	Х		Chairman	
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Signatures

/s/Curtis A. Sampson	03/05/2008
**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
- (2) Minimum Required Distribution for 2007.
- (3) Acquired pursuant to Communications Systems Inc Employee Stock Ownership Plan & Trust 2007 contribution.
- (4) Curtis A. Sampson, Trustee

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.