## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* MCGRAW DAVID T				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) 10900 RED CIRCLE DR.					3. Date of Earliest Transaction (Month/Day/Year) 07/23/2009						X Officer (give title below) Other (specify below)  CFO					
(Street) MINNETONKA, MN 55343				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 l	I - Noi	ı-Der	ivative S	Securiti	es Acqu	iired, Disp	osed of, or I	Beneficially (	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution		if Coo	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
			(Month/Day/Year)			ode	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)	
Common	Stock		07/23/2009	07/16/2	2009		P	V	590	A	\$ 9.31 (1)	1,169			D	
							cquir	the f	form dis	splays a	a curre eneficia	ently valid		spond unles trol number		
Security (Instr. 3)			On 3A. Deemed Execution Do any	ate, if 4.	4. Transaction Code Year) (Instr. 8)		5.		(Month/Day/Year)		7. T Am Und Sec	Fitle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirec	Beneficia Ownershi (Instr. 4)
								Date	e rcisable	Expirati	ion Titl	Amount or Number				

#### **Reporting Owners**

P ( 0 N (	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MCGRAW DAVID T 10900 RED CIRCLE DR. MINNETONKA, MN 55343			CFO				

## Signatures

/s/ David T. McGraw	07/24/2009
**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) Closing price on 06/30/09 was \$9.80 and purchase price for Employee Stock Purchase Plan is 95% of closing price.

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.