### FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenonee	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

	e Responses													
1. Name and Address of Reporting Person * FREEMAN EDWIN C			2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director						
10900 RED CIRCLE DRIVE (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/17/2011											
(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 PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					lired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s)		d (	Ownership of Form:	Beneficial	
				(Month/	Day/Year)	Code	e V A	mount (A)				c (		Ownership Instr. 4)
Common	Stock		03/17/2011			M	3,	,000 A	\$ 8.1	12,267		I	)	
				(e.g., puts	s, calls, wa	rrants,	ired, Dispo options, cor	vertible se	curities)					
1. Title of Derivative Security (Instr. 3)	Price of		3A. Deemed Execution Date, if		5. Nun	rrants, on ber 6.	in this fo	orm are no otly valid C sed of, or B overtible se	ot require OMB cont eneficially curities)	ne collection of the collectio	unless the	form displa		174 (9-02)
	Derivativa		any (Month/Day/Year)	Code (Instr. 8)	Deriva Securit	tive (N	xpiration Da Month/Day/	ite	of Un Secu	nderlying rities r. 3 and 4)		9. Number of Derivative Securities Beneficially	Ownershi Form of Derivativ	Beneficia Ownersh
	Derivative Security				Deriva	tive (Nies ed ed	xpiration Da	ite	of Un Secu	nderlying rities	Derivative Security	Derivative Securities	Ownershi Form of Derivativ Security: Direct (D or Indirect	of Indirect Beneficial Ownersh (Instr. 4)
					Deriva Securit Acquir (A) or Dispos of (D) (Instr.	tive (Neies ed ed ed 3, 4,	xpiration Da	ite	of Un Secu (Inst	Amount or	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect)	of Indire Beneficia Ownersh (Instr. 4)

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FREEMAN EDWIN C 10900 RED CIRCLE DRIVE MINNETONKA, MN 55343	X				

#### **Signatures**

/s/ Edwin C. Freeman	04/06/2011
**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).

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.