## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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houre par rachanca	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 Nomes or															
1. Name and Address of Reporting Person * GOLDBERG LUELLA G  (Last) (First) (Middle) 10900 RED CIRCLE DRIVE			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 10% Owner Officer (give title below) Other (specify below)					
			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2011					-							
(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					s Acquir	nired, Disposed of, or Beneficially Owned						
(Instr. 3) D		2. Transaction Date (Month/Day/Year)			f Code (Insti	)	A. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		of (D) C	Owned Following Reported Transaction(s)		d (	Ownership Form:	Beneficial	
				(Month	/Day/Year		ode V	Amount	(A) or (D)	Price	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)		r Indirect (	Ownership Instr. 4)	
Common	Stock		04/01/2011			N	М	3,000		\$ 8.1	,400		I	)	
							a curre	ntly valid	a OMB	contro	I number.				
											to respond ι	unless the	form displa	ys	
1. Title of Derivative Security (Instr. 3)	Price of Derivative			4. Transact	5. Nu of Deriv Secu Acqu	varrant umber vative rities nired	quired, Dispos, options, co 6. Date Exer Expiration I (Month/Day	osed of, on onvertible reisable and	r Benef	ficially O	and Amount erlying ies		9. Number of Derivative Securities Beneficially Owned	Ownersh Form of Derivativ Security:	Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nu 5. Nu 5. Nu Of Deriv Secu Acqu (A) of Disp of (D	varrant umber vative rities nired or osed 0) r. 3, 4,	quired, Dispos, options, co	osed of, on onvertible reisable and	r Benef	ficially O ties)  7. Title of Unde Securiti	and Amount erlying ies	Derivative Security	Derivative Securities Beneficially	Ownersh Form of Derivativ Security: Direct (D or Indirect	p of Indire Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, w 5. Nu ion of Deriv Secu Acqu (A) c Dispo of (D (Insti	varrant umber vative rities nired or osed 0) r. 3, 4,	quired, Dispos, options, co	osed of, on onvertible reisable and	r Benef e securit	ficially O ties)  7. Title of Unde Securiti	and Amount erlying ies	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirects)	p of Indire Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GOLDBERG LUELLA G 10900 RED CIRCLE DRIVE MINNETONKA, MN 55343	X				

# **Signatures**

/s/ Luella G. Goldberg	04/06/2011
**Signature of Reporting Person	Date

# **Explanation of Responses:**

 $\star$  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.