FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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* SAMPSON CURTIS A | | | | 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 X 10% Owner | | | | | | | |
| (Last) (First) (Middle) 10900 RED CIRCLE DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2011 | | | | | | | Office | r (give title belo | ow) | Other (spec | ify belo | w) | | |
| (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 | | | | | | | |
| MINNET | ΓΟΝΚΑ, Ν | 1N 55343 | | | | | | | | | | | | | | | | |
| (City | ") | (State) | (Zip) | | | Ta | ble I | - Nor | ı-Der | ivative | Securities | Acqui | red, Dispo | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Y | | Exec any | • | (Instr. 8) | | ction | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Reported Transaction(s) | | Ownership of Form: | | Beneficial | | |
| | | | | (Month/Day/Year) | | | ode | V | Amour | (A) or (D) | Price | (Instr. 3 a | nd 4) | | Direct (I or Indire (I) (Instr. 4 | ect (In | wnership nstr. 4) | |
| Restricte | d Stock (1) | | 05/19/2011 | | | | A | 4 | V | 2,226 | Λ 9 | \$ 17.97 | 2,226 | | | D | | |
| | | | Table II - | | | | | quire | the f | form di | splays a o | currei eficial | ntly valid | OMB conf | spond unle trol numbe | | | |
| 1 TH C | l ₂ | 2 T | | (e.g., p | | | | ts, op | | | tible secui | | 41 | 0 D.: | 9. Number | of 10. | | 11. Natur |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | | Execution Da any | tte, if Transaction Code Year) (Instr. 8) | | tion (| Number and | | and | Date Exercisable I Expiration Date onth/Day/Year) | | Amo Und Secu | itle and ount of erlying irities r. 3 and | Derivative Security (Instr. 5) | | Own Form Deri Secu Dire or In | vative rity: et (D) direct | p of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| SAMPSON CURTIS A 10900 RED CIRCLE DRIVE MINNETONKA, MN 55343 | X | X | | | | |

Signatures

| /s/ Curtis A. Sampson | 05/20/2011 | |
|---------------------------------|------------|--|
| **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).
- (1) The restricted stock awards will vest after one year, and be subject to restrictions on resale for one additional year.

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.