FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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* BERG JEFFREY K | | | | 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 | | | | |
| ` . | (Last) (First) (Middle) 2047 WOODSTONE DR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/24/2012 | | | | | | | | Office | er (give title belo | ow) | Other (specify | pelow) |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ear) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| VICTOR | IA, MN 5 | 5386 | | | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Y | | | | f Code (Instr. 8) | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | f (D) | 5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) | | ollowing | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/ | Month/Day/Year | | .1. | 37 | ^ | (A) | | . | (Instr. 3 and 4) | | | (I) | Ownership (Instr. 4) |
| Common | Stock | | | | | Co | ode | V | Amoui | nt (I |)) F | Price | 22,181. | 12 (2) | | (Instr. 4) | ESOP |
| | | | | Derivative Sec | | | duire | conta the fo | ained i orm dis sposed | n this splays of, or | forns a c | n are urrer ficiall | not requality valid | OMB conf | spond unle trol numbe | | |
| 1 Tid C | 12 | 3. Transaction | , | e.g., puts, call | | | | | | | | r é | 41 4 | 0 D.: | 9. Number | £ 10 | 11 N-4 |
| Security | Conversion or Exercise Price of Derivative Security | | Year) Execution Da | 4. te, if Transact Code (ear) (Instr. 8) | tion 1 | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amo Undo Secu | tle and bunt of erlying rities r. 3 and | Derivative Security (Instr. 5) | | Owners Form of Derivat Security Direct (or Indir | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | | Date Exerc | cisable | Expira Date | ation | Title | Amount or Number of Shares | | | | |

Reporting Owners

| D (O N / | Relationships | | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BERG JEFFREY K | | | | | | | |
| 2047 WOODSTONE DR | X | | | | | | |
| VICTORIA, MN 55386 | | | | | | | |

Signatures

| Getey M. Ritchott, Attorney-in-Fact for Jeffrey K. Berg | 3 | 12/27/2012 |
|---|---|------------|
| **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) Shares acquired and disposed pursuant to Communication Systems, Inc. Employee Stock Ownership Plan and Trust.
- (2) Reflects ESOP allocations and dispositions that have occurred since the date of the reporting person's last ownership report.

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.