FORM 4

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Fint of Type Response	.3)										-	
1. Name and Address o FREEMAN EDWI	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)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2013						Officer (give title below)Ot	her (specify belo	ow)	
	(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				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui						aired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	ion V	4. Securi (A) or D (Instr. 3, Amount	(A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		05/15/2013		М		3,000	А	\$ 7.35	17,943	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(*e.g.*, puts, calls, warrants, options, convertible securities)

(cig., puts, curs, varrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.				6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Dat	te	of Underlyin	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Der	ivative	(Month/Day/Y	ear)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Sec	urities			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
Ì.	Derivative		· · · ·		Acquired		uired	1		` ´		· · · ·	Owned	Security:	(Instr. 4)
	Security				(A) or		or						Following	Direct (D)	
	-				Disposed		posed	1					Reported	or Indirect	
					of (D)			1					Transaction(s)	(I)	
						(Ins	tr. 3, 4,						(Instr. 4)	(Instr. 4)	
					and 5)								`		
											Amount				
											or				
								Date	Expiration	Title	Number				
								Exercisable	Date	The					
				Code	37	(1)					of				
				Code	v	(A)	(D)				Shares				
Incentive										a					
Stock	\$ 7.35	05/15/2013		М			3 000	05/21/2003	05/21/2013	Common	3,000	\$ 0	0	D	
	\$ 7.55	03/13/2013		111			5,000	03/21/2003	03/21/2013	Stock	3,000	\$U	0	D	
Option															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FREEMAN EDWIN C								
	Х							

Signatures

Getey M. Ritchott, Attorney-in-Fact for Edwin Freeman	06/07/2013	
***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.