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

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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

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_ Director10% Owner				
(Last) (First) (Middle) PO BOX 777, S MAIN ST		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2014				-	Office	r (give title belo	ow)(	Other (specify be	elow)	
(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				
HECTOR, MN 55342 (City) (State) (Zip)			Tabla I. Non-Darivativa Sacuritias Accu					uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transa Code (Instr. 8)	ction 4. Se (A) c	1		5. Amount of Sec D) Beneficially Own Reported Transac		es Following (s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V Amo	(A) or (D)	Price	or Inc (I)		or Indirect	Ownership (Instr. 4)	
G G 1	k	08/15/2014		G	V 3,90	0 D	\$ 0	589,439			D	
Common Stock Reminder: Report		for each class of secur	rities beneficially ow		Persons v	ho respon	n are	not requ	uired to res	spond unles	ss	474 (9-02)
		Table II - 1	Derivative Securiti	es Acquir	Persons vectors of the form of	who respon in this for lisplays a c	n are curren	not requ tly valid	uired to res		ss	474 (9-02)
	3. Transaction Date (Month/Date attive)	Table II - 1  ion 3A. Deemed Execution Day/Year) any	Derivative Securiti (e.g., puts, calls, wa 4. te, if Transaction Code (Year) (Instr. 8)	es Acquire errants, op	Persons vectors of the form of	who respon in this form isplays a coll of, or Bene- ertible securercisable tion Date	ricially ities) 7. Tit Amor	not requitly valid  y Owned  tle and unt of erlying	OMB conf	spond unles	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indir Benefic Owners (Instr. 4

D ( O N (	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SAMPSON CURTIS A PO BOX 777 S MAIN ST HECTOR, MN 55342	X						

# **Signatures**

08/20/2014
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.