## FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-028
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hours per response	0 !

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 * Blackwood Bruce C				2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1001 E HWY 212				3. Date of Earliest Transaction (Month/Day/Year) 03/17/2015							X Officer (give title below) Other (specify below)  VP						
(Street) HECTOR, MN 55342				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				)	
(Cir		(State)	(Zip)				Table I	I - Non-De	rivative	Securities	Acquir	red, Di	sposed o	f, or Benefi	cially Owned	<u> </u>	
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Executar) any	2A. Deemed Execution Date, if		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		(D) (T			Securities Beneficially ving Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(1.10		,, 1)	Cod	de V	Amoun	(A) or (D)	Price	or Indirect (I)					
Commor	Stock										9	9,508.	.6398			D	
Commor	Stock										7	71				D	
Reminder:	Report on a	separate line for each	a class of securities b	eneficia	ılly owı	ned dire	ctly or i	Person in this	form a		quired	to res	pond ur		on contained		1474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative S	Securiti	es Acqı	Person in this a curre	form a ently va	re not red alid OMB , or Benefi	quired to contro	to res I num	pond ur				1474 (9-02)
1. Title of	·	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., ) 4. Transac Code	vative S puts, c ction of S S A of Of Of I	Securiti calls, wa	es Acquerrants, er 6. titive Ex s (M	Person in this a curre	form a ently value of osed of onvertile cisable a ate	re not red alid OMB , or Benefi ble securiti	cially O es) 7. Titl of Uno	to res I num Owned le and A derlyin	pond ur ber. Amount	8. Price of		f 10. Owners Form o Derivat Securit Direct ( or India	11. Natt of Indir Benefic ve Owners : (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., ) 4. Transac Code	vative S puts, c ction of S S A of Of Of I	Securiti calls, wa 5. Numbeo 5. Numbeo 6. Or Dispose Acquired or Dispos of (D) Instr. 3, and 5)	es Acquerrants, er 6. Ex (N (A) sed 4,	Person in this a curred, Disp options, c. Date Exerca priration D	form a ently va cosed of onvertil cisable a ate Year)	re not recall of OMB  or Beneficies securities  nd	cially O es) 7. Titl of Uno	owned le and Aderlyin ities 3 and	pond ur ber. Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form o Derivat Securit Direct ( or India	11. Natur of Indire Benefic Owners: (Instr. 4

#### **Reporting Owners**

P ( 0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Blackwood Bruce C 1001 E HWY 212 HECTOR, MN 55342			VP		

### **Signatures**

Suzette McNally, Attorney-in-Fact for Bruce C. Blackwood	03/19/2015
**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) Option vests as to 25% on each of the first four anniversaries of the date of grant.

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.