Sadura Seweryn Form 3 April 26, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Sadura S	Address of Repo Seweryn	rting	2. Date of Event Require Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SYSTEMS INC [JCS]				
(Last)	(First)	(Middle)	03/11/2011	4. Relationshi Person(s) to Is		Ş	5. If Amend Filed(Month/	ment, Date Original /Dav/Year)	
10900 REE	CIRCLE DF	RIVE							
(Street)				(Check all applicable)		6. Individual or Joint/Group			
MINNETO	NKA, MNÂ	55343		Director XOfficer (give title below	Director10% Owner Filing(Check OfficerOtherX_Form file (give title below) (specify below) Person		Applicable Line) ed by One Reporting ed by More than One		
(City)	(State) (Zip) Table I - Non-Derivative Securities Beneficially Owned							Owned	
1.Title of Sec (Instr. 4)	urity			nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indired ership . 5)	ct Beneficial	
Reminder: Re owned directly		e line for ea	ch class of securities ben	eficially SI	EC 1473 (7-02	.)			
	informa require	tion conta d to respo	oond to the collectior ined in this form are nd unless the form d //B control number.	not					
	Table II - Deriv	ative Secur	ities Beneficially Owne	d (e.g., puts, calls,	warrants, op	tions, c	convertible se	ecurities)	
1. Title of De (Instr. 4)	rivative Security	2. Date E Expiratio (Month/Day/Y	n Date Se ^{Year)} De	Title and Amount of ecurities Underlying erivative Security nstr. 4)		rcise f	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Date

Exercisable

Expiration

Title

Date

Direct (D)

or Indirect

(Instr. 5)

(I)

Security

Amount or

Number of

Shares

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Sadura Seweryn 10900 RED CIRCLE DRIVE MINNETONKA, MN 55343	Â	Â	VP	Â		
Signatures						
/s/ Seweryn 04/26/	/2011					

Sadura	0 11 201 201 1
<u>**</u> Signature of Reporting Person	Date

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Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.