## Edgar Filing: COMMUNICATIONS SYSTEMS INC - Form 4

| COMMUNI<br>Form 4<br>May 26, 201  |   | YSTEMS IN  | C  |  |                                       |        |                      |   |   |          |
|---|---|--|--|--|---------------------------------------|--------|----------------------|---|---|----------|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                                   |   |  |  |  |                                       |        |                      |   | OMB AF  | PROVAL   |
| -   | UNII  | UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |  |  |                                       |        |                      | OMB<br>Number:  | 3235-0287   |          |
| Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue<br>Section 17(a) of the |   |  | F CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Section 16(a) of the Securities Exchange Act of 1934,<br>Public Utility Holding Company Act of 1935 or Section |  |                                       |        |                      |   | Expires:       January 31         Expires:       2005         Estimated average       burden hours per         burden hours per       0.5         1       1 |          |
| See Instru<br>1(b).   | uction  | 30(h)  | ) of the In  | vestment                               | Compan                                | y Ac   | t of 194             | -0  |   |          |
| (Print or Type I  | Responses)  |  |  |  |                                       |        |                      |   |   |          |
| FREEMAN EDWIN C Sym<br>CO   |   |  | Symbol   | OMMUNICATIONS SYSTEMS                  |                                       |        |                      | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |   |          |
| (Last)  | (First) (Middle) 3. Date of<br>(Month/Da<br>05/21/20<br>(Street) 4. If Amer |  |  | of Earliest Transaction<br>Day/Year)   |                                       |        |                      | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |   |          |
|   |   |  |  |  |                                       |        |                      | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting<br/>Person</li> </ul> |   |          |
| (City)  | (State)   | (Zip)  | Tabl   | e I - Non-D                            | erivative                             | Secur  | ities Acq            | uired, Disposed of  | , or Beneficial   | ly Owned |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction<br>(Month/Day/Y  | any  | emed<br>on Date, if<br>Day/Year)   | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securi<br>m(A) or Di<br>(Instr. 3, | ispose | d of (D)             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  |          |
| Common<br>Stock   | 05/21/2015  |  |  | Code V<br>M                            | Amount 3,000                          |        | Price<br>\$<br>10.21 | (Instr. 3 and 4)<br>28,637  | D   |          |
| Common<br>Stock   | 05/21/2015  |  |  | F                                      | 2,771                                 | D      | \$<br>10.21          | 25,866  | 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 in this form are not required to respond unless the form displays a currently valid OMB control number.

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

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number<br>prof Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    |                 |  | 8.<br>D<br>S<br>(I |
|---|---|---|---|--|---|--|--------------------|-----------------|--|--------------------|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |                    |
| Stock<br>Option                                     | \$ 10.21  | 05/21/2015                              |   | М                                      | 3,000   | 05/24/2005   | 05/24/2015         | Common<br>Stock | 3,000                                  |                    |

## **Reporting Owners**

| Reporting Owner Name / Address |          | Relationsh |         |       |
|--------------------------------|----------|------------|---------|-------|
| I O                            | Director | 10% Owner  | Officer | Other |
| FREEMAN EDWIN C                |          |            |         |       |
|                                | Х        |            |         |       |
| Signatures                     |          |            |         |       |

| Suzette McNally, Attorney-in-Fact for Edwin C.<br>Freeman | 05/26/2015 |  |
|---|------------|--|
| <b>**</b> 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.