FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* HEISER JAMES S | | | | | | 2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO] | | | | | | | | | ationship of Reporting k all applicable) Director Officer (give title | | g Person(s) to Issu 10% Ow Other (s) | | /ner | | |
|--|---|--|---|---|-----------|---|-------------|----------|--|---|------------------|--|--------------------------------------|---|---|---|--|--|---|--|--|
| | (Last) (First) (Middle) DUCOMMUN INCORPORATED 23301 WILMINGTON AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2006 | | | | | | | | | below) below) VP, CFO & Gen. Cnsl. | | | | | | |
| (Street) CARSOI | | | 90745-62 (Zip) | 09 | _ 4. Ii | f Ame | ndmer | nt, Date | of Origina | of Original Filed (Month/Day/Year) | | | | | . Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | e Se | curiti | ies Ac | quired, | Dis | posed o | of, or Be | neficia | ally | Owned | ł | | | | | |
| in the or occurry (mounty) | | 2. Trans Date (Month/I | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | | | | 03/01 | L/2006 | 6 | | | М | | 8,100 | 00 A S | | 315.8 | | 14,919 | | D | | | |
| Common | | | | 03/01 | 3/01/2006 | | | | F | | 6,848 | 3 D | \$22 | .09 | 9 8,071 | | D | | | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble secu | | • | wned | | | <u>'</u> | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | n of E | | 5. Date Exercisa Expiration Date Month/Day/Year | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amoun or Numbe of Shares | r | | | | | | | |
| Option - Right to OBuv ⁽¹⁾ | \$15.8 | 03/01/2006 | | | M | | | 8,100 | (2) | 0 | 7/16/2010 | Common Stock | 8,100 | | \$0 | 12,500 |) | D | | | |

Explanation of Responses:

- 1. The option represents the right to purchase common stock granted under the Ducommun Incorporated Employee Stock Option Plans, which are Rule 16b-3 plans.
- 2. The option became exercisable as to 1,850 of the shares on July 17, 2004 and as to 6,250 of the shares on July 17, 2005.

/s/ James S. Heiser

03/06/2006

** Signature of Reporting Person

Date

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

- * 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.

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 Number.