FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г											
	OMB APPROVAL										
ı											
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response	: 0.5									

	Check this box if no longer subject
\neg	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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		,				iipaily Act c									
1. Name ar Drazba	2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Diazon Sinicy														┥ ・	X Dire	ctor		10% Ov	vner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023									Offic belo	er (give title w)		Other (s below)	specify	
C/O DU	Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
200 SANDPOINTE AVENUE, #700						4. II Amendment, Date of Original Flied (Month/Day/Teal)								Line	Line)					
					1										X Form filed by One Reporting Person					
(Street) SANTA	reet) ANTA ANA CA 92707													Form filed by More than One Reporting Person						
,					Rule	Rule 10b5-1(c) Transaction Indication														
(City)	(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															
						tisfy t	he affir	mative	defense co	onditio	ons of Rule 1	.0b5-1	1(c). Se	e Instru	ction 10.					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Deeme ution I / ith/Day	Date,			ties Acquired (A I Of (D) (Instr. 3			Secur Benef Owne	icially d	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
										(0)			Follov Repor	ted	(Instr.	4)	(Instr. 4)			
									Code V		Amount	(1	A) or D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Stock 05/18/2						2023			A		1,200(1)	A	\$40	12,240			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ts, cal	ls, v	varra	ants,	option	s, c	onvertib	le s	ecur	ities)	-					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exercisable a Expiration Date (Month/Day/Year)		te	le and Amount of Securities Underlying Derivative Security (Instr. 3 and		f [B. Price of Derivative Decurity Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y D o (I	0. Dwnership orm: Direct (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount mber ires						

Explanation of Responses:

1. The securities were purchased under a directed share program available to certain directors of the Issuer pursuant to that May 15, 2023 underwriting agreement entered into between the Issuer and Goldman Sachs & Co. LLC, Citigroup Global Markets Inc., RBC Capital Markets, LLC and B. Riley Securities, Inc.

Remarks:

Shirley G. Drazba

05/19/2023

Date

** Signature of Reporting Person

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.