FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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* Parkinson Gary			. Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO]							
(Last) 23301 WILM (Street) CARSON (City)	(First) MINGTON AV CA (State)	(Middle) E. 90745-6209 (Zip)				ationship of Reporting Person call applicable) Director Officer (give title below) VP, Human Reso	10% Owner Other (specification)	er	6. Inc	th/Day/Year) dividual or Joint cable Line) Form filed by	Ate of Original Filed /Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				1 -		ınt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Exp		Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ty (Instr. 4) Conver		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	Title	3	Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Gary Parkinson

08/05/2005

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).