FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

		_	-			_		_	_	-	 	-	_		_	_	 	в
/a	shin	gto	n,	D.	C.	20	54	9										

OMB APF	OMB APPROVAL										
OMB Number:	3235-0287										
Estimated average	burden										

0.5

hours per response:

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

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* <u>Carter David B.</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol DUCOMMUN INC /DE/ [ DCO ]									lationship ck all app Direc	,	ng Per	son(s) to Is	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024										Office below	er (give title /)		Other (s below)	specify
200 SANDPOINTE AVENUE SUITE 700					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person				.	
(Street) SANTA ANA CA 92707				Form filed by More than C Person									n One Repo	orting					
(City) (State) (Zip)				$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	osed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Day/Year) if an		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)			es Acquired (A Of (D) (Instr. 3,			Benefic Owned	ies cially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	nount (A) or		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/06/2									A		1,000	A		\$ <mark>0</mark>	1,000		D		
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		on Date, Transaction Code (Instr.			of		6. Date Exercisabl Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	g di ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v			Date Expiration		Expiration Date	Title	Amou or Numb of Share	er						

**Explanation of Responses:** 

/s/ David B. Carter by Rajiv Tata pursuant to January 2024 Power of Attorney

02/07/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.