FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
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l	hours per response:	0.5								

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*  REARDON ANTHONY J					S. Relationship of Reporting Person(s) to Issuer																	
						DUCOMMUN INC /DE/ [ DCO ]								Check all a	plicable)							
															X Dir	ector		10% O	wner			
(Last) (First) (Middle) 200 SANDPOINTE AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 11/13/2017										cer (give title ow)	Other (specify below)				
#700 					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																	X Form filed by One Reporting Person					
SANTA ANA CA 92707						Form filed by More than One Repo									orting							
(City)		(Stat	e) (	Zip)																		
			Tab	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or	Ben	eficia	ally Owi	ned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D					d 5) Sec Ben Owr	nount of urities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
										Code	v	Amount (A) or (D)		or	Price	Trar	saction(s) r. 3 and 4)			(111501. 4)		
Common Stock 11/13/2						2017	.017		S		9,449 I		D :	\$26.0	)3 <sup>(1)</sup>	82,603	D					
Common Stock 11/14/2					2017	017 s 20,551 D \$		\$26.0	)5 <sup>(2)</sup>	62,052												
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on li se (	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I		n Date, Transact Code (In				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price o Derivative Security (Instr. 5)		Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	Code V			Date Exercisa	able	Expiration Date	Title	of	nber res							

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.00 to \$26.13, inclusive. The reporting person undertakes to provide Ducommun Incorporated, any security holder of Ducommun Incorporated or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.00 to \$26.14, inclusive. The reporting person undertakes to provide Ducommun Incorporated, any security holder of Ducommun Incorporated or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (2) to this Form.

## Remarks:

Anthony J. Reardon

11/15/2017

\*\* 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.