FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| OMB APP     | ROVAL  |  |  |  |  |
|-------------|--------|--|--|--|--|
| OMB Number: | 2225.0 |  |  |  |  |

OMB Number: Estimated average burden 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

|   |   |  |   |         |                               | Secui  | 011 30(11) 0   | JI LITE | iiivesiiiei                           | il Coi | прапу Аст            | 01 13  | 940    |   |   |  |                     |  |  |  |
|---|---|--|---|---------|-------------------------------|--|--|---------|---------------------------------------|--------|----------------------|--|--------|---|---|--|---------------------|--|--|--|
| 1. Name and Address of Reporting Person*  CROSBY RALPH D JR   |   |  |   |         |                               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DUCOMMUN INC /DE/ [ DCO ] |  |         |                                       |        |                      |  |        |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)           |  |                     |  |  |  |
| CITOUI  | JI IMIL   | III D JIC                                  |   |         |                               |  |  |         |                                       |        |                      |  |        |   | X Direct  | or   |                     | 10% Ov   | vner   |  |
| (Last) EADS N   | (F  | ,  | (Middle)                                      |         |                               | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2007                  |  |         |                                       |        |                      |  |        |   | Office<br>below   | er (give title<br>v)   |                     | Other (s<br>below)   | specify  |  |
| 1616 NORTH FT. MYER DRIVE                                     |   |  |   |         | 4. If                         | 4. If Amendment, Date of Original Filed (Month/Day/Year)                     |  |         |                                       |        |                      |  |        | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |                     |  |  |  |
| (Street) ARLINGTON VA 22209                                   |   |  |   |         |                               |  |  |         |                                       |        |                      |  |        | - 1   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                     |  |  |  |
| (City)  | (9  | State)                                     | (Zip)   |         |                               |  |  |         |                                       |        |                      |  |        |   |   |  |                     |  |  |  |
|   |   | Tab  | ole I - No                                    | n-Deriv | ative                         | Se   | curities   | s Ac    | quired,                               | Dis    | posed o              | of, o  | r Bene | eficiall  | y Owne  | t  |                     |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   |         |                               | Execution Date   |  |         | Code (Instr.   5)                     |        |                      |  |        |   |   | es<br>ally<br>Following  | Form<br>(D) or      | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|   |   |  |   |         |                               |  |  | Code    | v                                     | Amount | nt (A) or Pr         |  |        | Reported<br>Transaction(s)<br>(Instr. 3 and 4)              |   |  |                     | (Instr. 4)   |  |  |
|   |   | •  | Table II -                                    |         |                               |  |  |         |                                       |        | osed of,<br>onvertil |  |        |   | Owned   |  |                     |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transa<br>Code (I<br>8) |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |         | 6. Date Ex<br>Expiration<br>(Month/Da | Date   | •                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |        |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                               | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>ally<br>g | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |         | Code                          | v  | (A)  | (D)     | Date<br>Exercisab                     |        | Expiration<br>Date   | Title  | 1      | Amount<br>or<br>Number<br>of<br>Shares                      |   |  |                     |  |  |  |

(2)

## **Explanation of Responses:**

(1)

1. 1-for-1

Phantom

2. The shares of phantom stock become payable in cash upon the reporting person's termination of service as a director.

07/02/2007 /s/ Ralph D. Crosby, Jr.

\$25.73

\*\* Signature of Reporting Person

0

Common

Stock

Date

4,043.85

D

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).

06/30/2007

\*\* 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.

398.37