FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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 7 | | | | | | | | |
|---|---|--|--|------------------------|--|---|--|-------|--|-----|--|---|-----------------|---|--|---------------------------------|--|--|--|
| Name and Address of Reporting Person* ALL COAL BOOKERSTON | | | | | 2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| PAULSON ROBERT D | | | | | = | DOGOMIMON INC/DE/ [DOO] | | | | | | | | | X C | irector | | 10% O | wner |
| (Last) (First) (Middle) AEROSTAR CAPITAL LLC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2019 | | | | | | | | | officer (give title elow) | е | Other (below) | (specify | |
| | | | | | | | | | | | | | | | | | | | |
| 590 SANDHILL CRANE RD., #1270 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | ne) X F | orm filed by C | ne Re | enorting Pers | on |
| WILSON WY 83014-1270 | | | 70 | | | | | | | | | | | | Form filed by More than One Reporting | | | | |
| | | | | | | | | | | | | | | | | erson | | | g |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | eficia | ally Ov | vned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Exe Day/Year) if an | | Executio if any | A. Deemed execution Date, any Month/Day/Year) | | Transaction Dispos | | rities Acquired (A ed Of (D) (Instr. 3, | | | nd Se Be Ov | Amount of curities neficially ned Following ported | Fo (D) | Ownership orm: Direct o) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code V | | Amount | | (A) or (D) | Price | Tra | ransaction(s) nstr. 3 and 4) | | | (Instr. 4) |
| Common Stock 05/01/ | | | | | /2019 | | | | A | | 2,500 | 2,500 A | | \$0. | 00 | 51,367 | | D | |
| | | Та | ble II - C | | | | | | | | sed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, | Code (Instr | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5) | derivative Securities | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | |

Explanation of Responses:

Remarks:

Robert D. Paulson

05/01/2019

** 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.