FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was

| hington, D.C. | 20549 |
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| OMR A | PPROVAL |
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| OMB Number: | 3235-0287 |
| Estimated avera | age burden |

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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

| Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------|-------------------------------------------------------------|------------------------------------------------------------|-----------|--------------------------------------|----------------------------------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| <u>CROSBY RALPH D JR</u> | | | | | | DUCOMMUN INC /DE/ [DCO] | | | | | | | | CK all applic | , | 10% | Owner |
| (Last) (First) (Middle) EADS NORTH AMERICA, INC. 1616 NORTH FT. MYER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010 | | | | | | | | | Officer below) | (give title | Othe belo | r (specify v) |
| (Street) ARLINGTON VA 22209 (City) (State) (Zip) | | | | | 4. 11 | f Ame | ndment, [| Oate o | f Original Fil | ed (Month/I | Day/Year) | | Line |) 【 Form f | iled by One Filed by More | Filing (Check Reporting Pe than One Re | rson |
| (,) | | | ole I - Nor | n-Deriva | ative | e Sec | curities | Acc | guired, D | isposed | of, or B | ene | ficiall | v Owned | <u> </u> | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | | es Formially (D) (Following (I) (I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code V | Amoun | (A) | or | Price | Transact (Instr. 3 a | tion(s) | | (Instr. 4) |
| | | - | Table II - | | | | | | ired, Dis options | | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr r) 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amoun Securiti Underly Derivati | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ect (Instr. 4) |
| | | | | c | Code | v | (A) | | Date Exercisable | Expiration Date | Title | O N | lumber | | | | |
| Phantom Stock | (1) | 12/31/2010 | | | A | | 689.65 | | (2) | (2) | Commo | | 0 | \$21.78 | 12,632.22 | 2 D | |

Explanation of Responses:

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

01/04/2011 /s/ Ralph D. Crosby, Jr.

** 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.