FORM 4

to Section 16. Form 4 or Form obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| vasilington, D.C. 20049 | |

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Redondo Jerry L | | | | | 2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO] | | | | | | | | | | all app | tor | ng Per | 10% O | vner |
|--|--|--|---------|---|--|---|--------|---|--------|------------------------------|---------------|---|---|--|--|---|--------|--|---|
| (Last) | ` | irst) (I | Middle) | ı | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2023 | | | | | | | | | X | belov | er (give title v) P., Elec. & | Stru | Other (s below) c. System | |
| SUITE 700 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | filed by On | e Rep | orting Pers | on |
| , , | ANTA ANA CA 92707-5759 | | | 5759 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | Ru | 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. | | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive \$ | Secui | rities | Acc | quired | l, Dis | posed of | , or B | enefici | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | Year) Execut | | eemed ition Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | and 5) Securi Benefi Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 12/ | | | | 12/06/20 | 2023 | | | | S | | 1,559 | D | \$52.3 | 1(1) 59,064 | | 9,064 | | D | |
| | 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 | 3. Transaction Date (Month/Day/Year) | Execu | 3A. Deemed Execution Date, f any Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc ation D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. All shares were sold at the exact price noted above.

Jerry L. Redondo 12/08/2023

** 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.