FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* CHRISTIE H FREDERICK | | | | | | 2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO] | | | | | | | | | | Check a | onship of Reporting Person(s) to Issuer all applicable) Director 10% Owne | | | | | |
|--|--|--|--|--------|---|---|---|---------------------|------|-------------------------------------|--------------------|---|--|--|--|---|---|----------------------------|--|--|---|--|
| | | | | | | | | | | | | | | | | X | | er (give title | | | specify | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2010 | | | | | | | | | | | | belov | | | below) | | |
| 548 PASEO DEL MAR | | | | | 03/03/2010 | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| PALOS | | | 00074 1000 | | | | | | | | | | | ine) X Form filed by One Reporting Person | | | | | | | | |
| VERDES ESTATES | | | 302/4-1260 | , | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month. | | | | | | ar) E | A. Deemed execution Date, any Month/Day/Year | | , - | Transaction Dispose Code (Instr. 5) | | | ities Acquired (A d Of (D) (Instr. 3, | | | 4 and Se | | Securities Beneficially | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | ſ | Code | , | Amount | | (A) or (D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | /2010 |) | | | | A | | 2,100 |) | A | \$0 | | 13,486 | | | 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) | 3A. Deemed Execution Date if any (Month/Day/Yea | ate, T | Code (Insti | | | | Exp | Date Exe piration I onth/Day | • | e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | rative rity . 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | | Expiration Date | Title | or Nui of | ount nber ares | | | | | | | | |

Explanation of Responses:

/s/ H. Frederick Christie

05/07/2010

** 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.