FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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* HEISER JAMES S				2. Issuer Name and Ticker or Trading Symbol DUCOMMUN INC /DE/ [DCO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				330]								
(Lact) (First) (Middle)					3 Date of Earliest Transaction (Month/Day/Year)						Officer below)	(give title		Other (specify below)		
(Last) (First) (Middle) DUCOMMUN INCORPORATED					06/29/2009						VP and General Counsel					
23301 WILMINGTON AVENUE																
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
N C	A	90745-6209								2	Form fi	led by One	Reporting	Person	ı	
												Form filed by More than One Reporting Person				
(Si	tate)	(Zip)														
	Tal	ble I - Non-D	erivativ	ve Se	curitie	s Ac	quired, Di	sposed c	f, or Ber	neficiall	y Owned					
Date			te	Execution Date, if any			r, Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			d (A) or r. 3, 4 and	Securitie Beneficia Owned F	s ally ollowing	Form: Dir (D) or Ind	ect I irect I 1) (7. Nature of Indirect Beneficial Ownership	
			Code V				Amount	(A) or (D)	Price	Transact	ion(s)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
2. Conversion or Exercise Price of Derivative Security	Date Execu (Month/Day/Year) if any	if any	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securities Underlying		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ow For Dir or (I)	m: ect (D) ndirect	Beneficial Ownership t (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
\$18.23	06/29/2009		A		10,000		06/29/2010 ⁽²⁾	06/28/2016	Common Stock	10,000	\$0	10,000		D		
/ ·	(Find Inc.) (IMUN INC.) (ILMINGTO) (S) (S) Security (Institute of the content of the conten	(First) MMUN INCORPORATED /ILMINGTON AVENUE N CA (State) Tal Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Month/Day/Year)	(First) (Middle) MMUN INCORPORATED /ILMINGTON AVENUE N CA 90745-6209 (State) (Zip) Table I - Non-D Security (Instr. 3) Table II - De (e.g. 1) Conversion or Exercise Price of Derivative Security Security (Month/Day/Year)	(First) (Middle) MMUN INCORPORATED MILMINGTON AVENUE A. Security (Instr. 3) Table I - Non-Derivative (Month/Day/) Table II - Derivative (e.g., puts Conversion or Exercise Price of Derivative Security (Month/Day/Year) A. Table II - Derivative (e.g., puts (Month/Day/Year) A. Table II - Derivative (e.g., puts Code Month/Day/Year) Code Code	(First) (Middle) 3. 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If Amendment, Date of Original Filed (Month/Day/Year) (State) (State) (Zip) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day	

Explanation of Responses:

- 1. The option represents the right to purchase common stock granted under the Ducommun Incorporated Employee Stock Option Plans, which are Rule 16b-3 plans.
- $2.\ The\ option\ will\ vest\ in\ four\ equal\ installments\ on\ June\ 29,\ 2010,\ 2011,\ 2012\ and\ 2013$

/s/ James S. Heiser 07/01/2009

** 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.