FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF |
|--|---------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuan |

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Andrus Kathryn M (Last) (First) (Middle) | | | | | | DUCOMMUN INC /DE/ [DCO] 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2014 | | | | | | | | | | lationship of Reporting I ck all applicable) Director Officer (give title below) VP, Intern | | 10% Ow Other (s below) | /ner |
|---|---|--|---|--------------------|------------------------|--|--|--------------|---------------------------------------|-------|---|---|--------------------------------|--------------|---|---|----------------|--|--|
| DUCOMMUN INCORPORATED 23301WILMINGTON AVE. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | lividual or Joint/Group Filing (Check Applicable | | | | nlicable |
| (Street) | N C | A | 90745-620 |)9 | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | ate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | ı-Deriv | vative | e Se | curitie | s Ac | quired, | Dis | posed o | f, or Be | enefic | ially | Owned | | | | |
| Date | | | | Date | ate Ionth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Securitie Beneficia Owned F | 5. Amount of Securities Beneficially Owned Following Reported | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A) (D) | Pri | ce | Transaction(s) (Instr. 3 and 4) | | | | |
| Common | Stock | | | 03/1 | 8/201 | 4 | | | A | | 1,000 |) A | | \$0 2,285 D | | | | | |
| | | ٦ | Γable II - I (| Deriva (e.g., p | tive s | Seci call: | urities s, war | Acq rants | uired, [s, optio | Dispo | osed of, onvertil | or Ber ble sec | eficia uritie | ally (s) | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | Code (Inst | | n of | | 6. Date Ex Expiration (Month/Da | Date | | 7. Title a Amount Securitie Underlyi Derivativ (Instr. 3 a | of s ng e Secu | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactio (Instr. 4) | e s llly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Option - Right to Buv ⁽¹⁾ | \$24.9 | 03/18/2014 | | | A | | 2,000 | | 03/18/201 | 5(2) | 03/17/2021 | Common Stock | 2,0 | 00 | \$0 | 2,000 |) | D | |

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 installoments on March 18, 2015, 2016, 2017 and 2018.

03/20/2014 /s/ Kathryn M. Andrus

** 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.