FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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*     Groves Douglas L			Date of Event Requiring Staten Month/Day/Year 02/01/2013	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol  DUCOMMUN INC /DE/ [ DCO ]							
(Last) (First) (Middle) DUCOMMUN INCORPORATED		` ′			Relationship of Reporting Personal (Check all applicable)     Director		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
23301 WILMINGTON AVE.					X	Officer (give title below)  VP, Accounti			6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) CARSON	CA	90745-6209				vi, Account	g		X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ty (Instr. 4) Conv		cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivat Securit	ive	or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Douglas L. Groves</u> <u>02/08/2013</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).