### Edgar Filing: DUCOMMUN INC /DE/ - Form 4

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Form 4												
January 19, 2	2006											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check th		( ushington, D.C. 2004)						January 31, 2005				
if no long		F CHANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires:					
subject to Section 1	5						Estimated average burden hours per					
Form 4 c								response	0.5			
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
See Instr		30(h)	of the Investmer	nt Compa	ny Ac	ct of 194	0					
1(b).												
(Print or Type l	Responses)											
1. Name and A	Address of Reporting	g Person <u>*</u>	2. Issuer Name a	2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to				
WILLIAMS	S SAMUEL D		Symbol				Issuer					
			DUCOMMUN INC /DE/ [DCO]				(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest	Transaction			(Cheer		,			
			(Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below) below)					
DUCOMMUN			01/16/2006									
	RATED, 23301						VP	& Controller				
WILMING	FON AVENUE											
(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
CARSON	CA 90745-6209						Form filed by M					
	CIT 90745-0209						Person					
(City)	(State)	(Zip)	Table I - Non	-Derivative	Secu	rities Acq	uired, Disposed of,	, or Beneficiall	y Owned			
1.Title of	2. Transaction Dat	te 2A. Deen	ned 3.	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of	6.	7. Nature of			
Security	(Month/Day/Year						Securities	Ownership	Indirect			
(Instr. 3)		any (Month/E						(D) or	ect Beneficial Ownership			
		(11011111)2	uj, 10ul) (115010)				Following	Indirect (I)	(Instr. 4)			
					(A)		Reported	(Instr. 4)				
					or		Transaction(s) (Instr. 3 and 4)					
Common			Code V	Amount /	(D)	Price	()					
Common Stock	01/16/2006		М	750	А	\$ 12.875	750	D				
SIUCK						12.075						

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

#### 1. Title of 3. Transaction Date 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and Amount of 2. Derivative Conversion (Month/Day/Year) Execution Date, if Transactionof **Expiration Date Underlying Securities** (Month/Day/Year) Security or Exercise any Code Derivative (Instr. 3 and 4) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities Derivative Acquired Security (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares Option -Common 750 01/27/2003 01/26/2006 **Right-to-Buy** \$ 12.875 01/16/2006 Μ 750 Stock (1)

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
WILLIAMS SAMUEL D DUCOMMUN INCORPORATED 23301 WILMINGTON AVENUE CARSON, CA 90745-6209			VP & Controller				
Signatures							

/s/ Samuel D. 01/19/2006 Williams

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.