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

DUCOMMU	JN INC /DE/											
Form 4												
April 10, 200	08											
FORM									OMB AF	PROVAL		
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check the				0 /					Expires:	January 31,		
if no longer subject to Section 16. Section 16.				NGES IN BENEFICIAL OWNERSH SECURITIES				NERSHIP OF		2005		
									Estimated a burden hour	•		
Form 4 or									response	0.5		
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,				
obligation may cont		7(a) of the	Public U	tility Hold	ling Con	ipany	Act of	1935 or Section	1			
See Instru 1(b).		30(h)	) of the In	vestment	Compan	y Ac	t of 194	0				
(Print or Type I	Responses)											
1. Name and A	Address of Reporti	ng Person <u>*</u>	2. Issuer	Name and	Ticker or	Tradir	ıg	5. Relationship of	f Reporting Person(s) to			
CONESE E	UGENE P JR		Symbol	C C				Issuer				
				DUCOMMUN INC /DE/ [DCO]								
(Last)	(First)	(Middle)	3 Date of	Earliest Tr	ansaction	-	-	(Checl	k all applicable	)		
()	(2 )	()	(Month/D		unsaction			X Director	10%	Owner		
GRIDIRON	CAPITAL, 22	20 ELM	04/09/2	-				Officer (give below)		er (specify		
ST.								below)	Delow)			
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(M			Filed(Mor	ed(Month/Day/Year)				Applicable Line)				
								_X_Form filed by C				
NEW CAN	AAN, CT 0684	40						Form filed by M Person	lore than One Ke	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct				
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		Day/Year) (Instr. 8)				Following	(Instr. 4)	(Instr. 4)				
						( )		Reported	(	()		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	04/09/2008			М	3,000	A	\$ 12.43	6,594	D			

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)

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

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/Year)	4. Transactiv Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option - Right to Buy (1)	\$ 12.43	04/09/2008		М	3,0	)00	05/02/2004	05/06/2008	Common Stock	3,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
CONESE EUGENE P JR GRIDIRON CAPITAL 220 ELM ST. NEW CANAAN, CT 06840	Х						
Signatures							
/s/ Eugene P. Conese, Jr.	04/10/200	8					

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 stock granted under the Ducommun Incorporated 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.

8 D S (]