Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | | | | | |
|--|------------|--|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number | | | | |

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| С | OMB APPROVAL | | | | | | | | |
|--------|--------------------------|--------|--|--|--|--|--|--|--|
| OMB N | OMB Number: 3235-0287 | | | | | | | | |
| Estima | Estimated average burden | | | | | | | | |
| hours | er response | e: 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* Zambanini Adam Dante | | | | 2. Issuer Name and Ticker or Trading Symbol TREX CO INC [TREX] | | | | | | | | (Chec | k all app Direc | ship of Reporting F applicable) rector ficer (give title | | 10% O | wner | | |
|--|--|---------|---|---|---|---------------------------|---------------------------|--------------|------------------------------|--|--------------------------------------|--|---|---|--------------------------------|--|--|--|--|
| (Last) 160 EXE | (F TER DRI | irst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2022 | | | | | | | | | X | below | | | Other (specify below) esidential Pr | | |
| (Street) WINCHI | ESTER V | | 22603 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | tion 2A. Deemed Execution Date, | | 3. 4. Securities Acquired (A) Transaction Code (Instr. 5) | | | | A) or 5. Amo 4 and Securi | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | Amount | (A) ((D) | (A) or (D) | | Transa (Instr. 3 | ction(s) | | | (| | | | |
| Common Stock 11/02/2 | | | 2022 | | D ⁽¹⁾ | | 7,503 | 3 D \$ | | 40.39 | 165,784 | | | D | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D | r osed) r. 3, 4 | Expiration D (Month/Day/s | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of Share | er | | | | | |

Explanation of Responses:

1. 7,503 shares are being surrendered as allowed by the Company's 2014 Stock Incentive Plan to cover payment of taxes currently due on previously granted restricted stock units.

/s/ William R. Gupp by power 11/04/2022 of attorney

** 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.