FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CIVID ALL	I TO VAL
OMB Number:	3235-028
Estimated average	burden

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

1. Name and Address of Reporting Person*

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

2. Issuer Name **and** Ticker or Trading Symbol

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

		OMB APPROVAL							
ERSHIP		OMB Number: 3235	3235-0287						
		Estimated average burden							
		hours per response:	0.5						
	•								
1	5. Relationship of R	eporting Person(s) to Issuer							

JUSTE		TREX CO INC [TREX] 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020										леск ан ар <mark>X</mark> Dire	. ,	1	10% Owner Other (specify below)					
(Last) (First) (Middle) 160 EXETER DRIVE													Offic belo	er (give title w)						
(Street) WINCHI	ESTER VA		22603-86 (Zip)	605	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fori	n filed by One n filed by Mo	e Reporting	ng (Check Applicable porting Person an One Reporting		
		Tabl	le I - No	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally Own	ed				
Title of Security (Instr. 3) Common Stock				2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Secur Bene Owne	ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D) or))	Price	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
				01/02/2020				A ⁽¹⁾		109		A \$90		.36	741	D	D			
		Та									sed of, onvertib				y 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 Da if any (Month/Day/Y	n Date,	Code (Inst				6. Date E Expiratio (Month/D	n Dat		Amount of			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

1. This restricted award will vest on the first anniversary of the grant.

<u>/s/ William R. Gupp by power</u>

01/03/2020

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.