FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average l | nurdon | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1 Nama an | d Addrood | of Donorting | Doroon* | | | _ | | . , | | | | Symbol | | | 15 | Rela | tionshi | n of Renortin | a Person(s) to I | ssuer | | |
|---|--|--------------|---------|---------|--------|--|---|--------------------|---|--|---|--|---|----------------|---|---|---|---|--|---|--|--|
| Name and Address of Reporting Person* Posey Richard E | | | | | | 2. Issuer Name and Ticker or Trading Symbol TREX CO INC [TREX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Posey Kichard E | | | | | | | | | | | | | | | | X | Direc | ctor | | Owner | | |
| (Last) (First) (Middle) C/O TREX COMPANY, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2013 | | | | | | | | | | | er (give title v) | Other below | (specify) | | |
| 160 EXETER DRIVE | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | |
| WINCHI | ESTER | VA | 2 | 2603-86 | 05 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | | (State) | (2 | Zip) | | | | | | | | | | | | | Peis | OII | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ar) E | Execution f any | A. Deemed kecution Date, any lonth/Day/Year) | | | | urities Acquired (A) sed Of (D) (Instr. 3, | | | 4 and Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | v | Amount | | (A) or (D) | Price | | | : | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) | | | | | | | |
| Common Stock 07/31/ | | | | | | | | | | A ⁽¹⁾ | | 1,161 | | A \$47 | | 7.34 3,628 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ice of vative Irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nu of | ount mber ares | | | | | | | |

Explanation of Responses:

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

/s/ William R. Gupp by power of attorney

08/02/2013

** 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.