FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* Reese F Timothy							2. Issuer Name and Ticker or Trading Symbol TREX CO INC [TREX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Reese r	' TIIIIOL	<u>1y.</u>									_						Direc	ctor		10% C	wner	
						-										X	Offic belov	er (give title w)		Other (specify below)		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										Sr	Vice Presid	lent On	aratio	16	
C/O TREX COMPANY, INC.						02/	02/04/2014										01.	vice i resid	iciit, Op	Liutio	.13	
160 EVETED DRIVE																						
160 EXETER DRIVE						4 16	4 (4 4 4 5 4 6 5 4 5 4 6 4 6 5 6 6 6 6 6 6															
(Chroat)						- 4. 11	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WINCHESTER VA 22603-8605			05												X Form filed by One Reporting Person							
-						.											Form filed by More than One Reporting Person					
(City)	(State)	(2	Zip)																		
			Table	e I - Nor	ı-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	efici	ally	Owne	ed				
1. Title of S	ecurity (Ir	str. 3)			2. Trans	action	ction 2A. Deemed				3. 4. Securities Acquired (A					r	5. Amo	ount of	6. Owner	ship	7. Nature	
	(Date		ay/Year) Execution Date, if any (Month/Day/Year)				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)) (Instr.	3, 4 a	ınd				Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
					(Month/	Dayre										Benefi	cially d Following					
						(Month Day rear)			′ •,					Re		eported		, (s -,)	(Instr. 4)			
										Code	v	Amount	(A) or (D) Prid		Price			action(s) 3 and 4)				
Common Stock 02/04							2/04/2014					1,298	,298 D		\$6	38,30		8,309	D			
												<u> </u>				J						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of	2.		4:	3A. Deeme				- I - N		6. Date Ex		-1-11	7. 7:	41		0.0		9. Number o	of 10.		11. Nature	
Derivative	Conversion		3. Transaction Date (Month/Day/Year)	Execution		4. Transa	ction	n of I r. Derivative (Expiration		Amount of Securities			8. Price of Derivative Security		derivative	Owne	rship	of Indirect Beneficial		
Security	or Exercis			if any	· 1	Code ((Month/Da							Securities	Form	Form:			
(Instr. 3) Price of Month/Day/Yea						Year) 8)		Securities						nderlying erivative		(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						Acquired (A) or Disposed				Security (Instr. and 4)				str. 3	3		Following	(I) (In		(111311. 4)		
																	Reported	1				
								of (D) (Instr. 3, 4									Transaction (Instr. 4)	,s)				
								and 5)										(1		
									\neg			Δm	ount	1								
														or	Jani							
										Date		Evniratio =		Nun	nber							
						Code	v	(A)		Exercisal		Expiration Date	Title		res							

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on October 29, 2013.

/s/ William R. Gupp by power of attorney 02/04/2014

** 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.