| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | | | or Section So(n) of the investment Company Act of 1940 | | | | | | |
|--|-----------------------|----------|--|---|---|-----------------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol <u>TREX CO INC</u> [TREX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| C/O TREX COMPANY, INC. 160 EXETER DRIVE | | | | X | Director | 10% Owner | | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2010 | | Officer (give title below) | Other (specify below) | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | X | Form filed by One Repo | orting Person | | | |
| WINCHESTER | CHESTER VA 22603-8605 | | | | Form filed by More thar Person | n One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------|---|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |

 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriva Securi Acquir (A) or Dispos of (D) | of Expiration Date (Month/Day/Year) Securities Acquired A) or Disposed | | xpiration Date Amount of De Ionth/Day/Year) Securities Securities | | | Derivative der Security Sec (Instr. 5) Be Ow Fol Re Tra | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|---------------------|--|-----------------|--|---|--|--|--|
| | | | | Code | v | (Instr.) and 5) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Appreciation Right | \$21.19 | 07/20/2010 | | A | | 2,457 | | 07/20/2010 | 07/20/2020 | Common Stock | 2,457 | \$0 | 2,457 | D | |

Explanation of Responses:

<u>/s/ William R. Gupp by power</u> of attorney 07/22/2010

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.