SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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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. Name and Addre	n <sup>*</sup> 2. Date of E Requiring S (Month/Day 08/15/202	statement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol    TREX CO INC [ TREX ]					
(Last) (Fir 2500 TREX WA	, , , ,			4. Relationship of Reporting Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O TREX CO			Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
(Street) WINCHESTER	VA 22601							by More than One Person
(City) (St	ate) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock				0	D			
Table II - Derivative Securities Beneficially Owned     (e.g., puts, calls, warrants, options, convertible securities)								
Expi			cisable and ate /ear)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversi or Exerci Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
F		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	5)
Explanation of Responses:								

Responses

## /s/ Amy M. Fernandez by power of attorney

08/19/2024

\*\* 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 5 (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.

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