FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

OMB APPROVAL										
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Se	ee Instruction	m IV.																		
Name and Address of Reporting Person* Lovcik Brenda					2. Issuer Name and Ticker or Trading Symbol TREX CO INC TREX									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LOVCIK	Dicha	<u>.</u>									_					Direc			10% O	
						\vdash										Delow	er (give title		Other (: below)	specify
(Last)		(First) (1	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)							1		,	nanci	, ,	.	
C/O TREX COMPANY, INC.					10/2	10/23/2024 SVP, Chief Financial Officer														
2500 TREX WAY																				
2500 IREA WAT					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street)								,		. 3			,	,	Line)			5 (.,
WINCH	ESTER	VA	2	2601												Form	filed by On	e Repo	orting Pers	on
WINCII	LOTLIC	V 2 L	2	2001													filed by Mo	re thar	n One Rep	orting
															1	Perso	on			
(City)		(State	e) (2	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (I	nstr.	3)		2. Transac	tion												7. Nature		
					Date (Month/Da	v/Year)	Execution Date,			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			s, 4 and	Securit Benefic				of Indirect Beneficial		
				(Mon		nth/Day/Year)		8)						Owned	Following	(i) (in:	(I) (Instr. 4)	Ownership (Instr. 4)		
						Code V Amount (A) or (D)				or P	rice	Transa	ction(s)			(11150.4)				
											_		(D)	+		(Instr. 3	3 and 4)	_		
Common Stock 10/23/20					024 F ⁽¹⁾ 542 D \$				\$62.86	52.86 15,208 D										
			Tal	ole II -	Derivati	ve Se	curi	ties	Acau	ired. [Disp	osed of,	or Be	nefi	cially	Owne				
												onvertib					-			
1. Title of	2.		3. Transaction	3A. Dec		4.			ımber			isable and	7. Titl			. Price of	9. Number		10.	11. Nature
Derivative Security	Conversion or Exercise		Date (Month/Day/Year)	Executi	ion Date,	Transa Code (Amount of Securities		erivative ecurity	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	(Instr. 3) Price of (Month/Day/				/Day/Year)	8)			Securities		Underlying				nstr. 5)	Beneficially		Direct (D)	Ownership	
	Derivative Security					Acquired (A) or		Derivative Security (Ins			str.		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
									Disposed		3 and 4)						Reported		,	
						of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)						
									and 5)											
														Amo	unt					
														or Num	ber					
					Co		de v		(D)	Date Exercisable		Expiration Date	Title	of Shar	.ee					
						Soue		(A)	(0)	LAGICIS	abie	Date	Title	Jilai	-3					

Explanation of Responses:

1. 542 shares are being surrendered as allowed by the Company's 2023 Stock Incentive Plan to cover payment of taxes currently due on previously granted restricted stock units.

/s/ Amy M. Fernandez by 10/24/2024 power of attorney

** Signature of Reporting Person

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.