FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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OMB APPROVAL									
OMB Number: 3235-028									
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hours per response:	0.5								

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*					2. Issuer Name and Ticker or Trading Symbol TREX CO INC TREX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Cline James E					110	TREA CO INC [ IREA ]								X Director		10% Owner		
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024								Officer below)	(give title	Other below	(specify	
C/O TREX	COMPAN	IY, INC.			4. If Amondment, Date of Original Filed (Month/Day/Veer)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable				
2500 TREX WAY					7. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)				
,	.									X Form filed by One Reporting Person								
(Street)														Form filed by More than One Reporting Person				
WINCHES	INCHESTER VA 22601												Person					
-					Ru	Rule 10b5-1(c) Transaction Indication												
(City)	(Sta	te) (2	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
					$  \sqcup $													
	Toble I. Non Devivetive Consulting Appring d. Dispended of an Developing Dispended																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired Of (D) (Insti		Beneficia Owned F	s Illy ollowing (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)		(Instr. 4)	
Common S	tock			03/1	1/2024				M <sup>(1)</sup>		12,622	A	\$50.83	3 43,	295	D		
Common Stock				03/1	1/2024	/2024			M <sup>(2)</sup>		15,224	A	\$38.8	5 58,	519	D		
Common Stock 0				03/1	/2024			D		18,924	D	\$93.89	39,	595	D			
		т	able II -	Deriva	tive S	Seci	uritie	s Acau	ired [	)isn	osed of,	or Bene	ficially	Owned				
		•									onvertib							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
			Code	v					Expiration Date	Title	Amount or Number of Shares							
Stock Appreciation Right	\$50.83	03/11/2024			M			12,622	02/19/20	020	04/28/2025	Common Stock	12,622	\$0	0	D		
Stock Appreciation Right	\$38.85	03/11/2024			M			15,224	02/13/20	019	04/28/2025	Common Stock	15,224	\$0	0	D		

## Explanation of Responses:

- 1. Stock Appreciation Rights (SARs) are being exercised in accordance with the 2014 Stock Incentive Plan.
- 2. Stock Appreciation Rights (SARs) are being exercised in accordance with the 2014 Stock Incentive Plan.

/s/ Amy M. Fernandez by power of attorney

03/13/2024

\*\* Signature of Reporting Person

Date

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.