FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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).

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(0). 0	ee mstruction	1 10.																	
1. Name and Address of Reporting Person* FAIRBANKS BRYAN HORIX						2. Issuer Name and Ticker or Trading Symbol TREX CO INC [TREX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TAINDAINS DEIAH HUNIA														Director			10% Ov	-	
							Date of Earliest Transaction (Month/Day/Year)							-	✓ Office below	er (give title w)		Other (s below)	specify
(Last)	(First)	(Middle)					ransa	action (N	/ionth/	Day/Year)					Presiden	t and C	CEO	
C/O TREX COMPANY, INC.						11/26/2024								1 resident and CEO					
2500 TREX WAY																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable					
(Street)]							Lir	Line)					
WINCHESTER VA 22601														Form filed by One Reporting Person					
WHICHESTER WI															Form filed by More than One Reporting Person				
(City)	(State)	(Zip)			Person													
		Tab	e I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Own	ied			
1. Title of	Security (Ir	str. 3)		2. Transa	ction	tion 2A. Deemed 3. 4. Securities Acquired (A.						I (A) o	A) or 5. Amount of		6. Ownership		7. Nature		
Date					Execution Date,			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				, 4 and Securities Beneficially Owned Following		Form:	Form: Direct	of Indirect Beneficial			
(Month/D					(Month/Day/Year)						(I) (Instr. 4)			Ownership					
								Code	v	Amount	(A	() or ()	Price		action(s)			(Instr. 4)	
							Jour	Ľ	Amount	(0))		(Instr.	str. 3 and 4)					
Common Stock 11/26/2					/2024				G ⁽¹⁾		330	330 D		\$(143,214		1	D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Dec		4.				6. Date Exercisable and			7. Title and			8. Price of	9. Number		10.	11. Nature
Derivative Security	Conversio or Exercis			ion Date,		Transaction Code (Instr.							Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)			/Day/Year)	8)			Securities		Underlying			g	(Instr. 5)	Beneficiall	ly D	Direct (D)	Ownership		
					Acquired (A) or		Derivative Security (In					Owned Following		r Indirect) (Instr. 4)	(Instr. 4)				
						Disposed of (D)				3 and 4) `				Reported Transactio	- 1"	•			
						(Instr. 3, 4		ŕ. 3, 4							(Instr. 4)	(3)			
						and 5)													
												Amount							
													Nui	mber					
					Code V		(A)		Date Exercisa	Expirati		of Title Shares		ares					
					L` '	` '					1								

Explanation of Responses:

1. The shares reported in this transaction represent a gift to a charitable organization.

/s/ Amy M. Fernandez by power of attorney

** Signature of Reporting Person Date

11/27/2024

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.