FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES OMB Num Estimated hours per

OMB APPRO	OVAL					
OMB Number:	3235- 0104					
Estimated average burden						
hours per response:	0.5					

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*     Lovett Gena C		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/08/2021  3. Issuer Name <b>and</b> Ticker or Trading Symbol TREX CO INC [ TREX ]							
(Last) (First)  160 EXETER DRIVE	(Middle)			4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, ed (Month/Day/	Date of Original 'Year)	
(Street) WINCHESTER VA (City) (State)	22603- 8605 (Zip)	=		X Director Officer (give title below)	10% C Other below)	(specify		Form filed Person	by One Reporting by More than One	
	Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)								4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr.	4)		Į į	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect				
Title of Security (Instruction Common Stock	4)		Į į	Beneficially Owned (Instr.	Form: [ (D) or li	Direct ndirect r. 5)				
,			) Derivative	Beneficially Owned (Instr. 4)	Form: I (D) or li (I) (Inst	Direct ndirect r. 5)	Own			
,	(e.g		Derivative ls, warran	Beneficially Owned (Instr. 4)  0  Securities Beneficiants, options, converti	Form: I (D) or II (I) (Institute I) (I) (Institute I) (I) (Institute I) (I) (Institute I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	Direct ndirect r. 5)	) sion			

Explanation of Responses:

/s/ William R. Gupp by power of attorney

03/09/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.