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MERLOTTI	FRANK H JF	ł										
Form 4												
July 26, 201	8											
FORM	14		GEOU				NODO		OMB AF	PROVAL		
	UNITE	D STATE:		STIES A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31, 2005		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (NERSHIP OF	Estimated average					
Section 1	Section 16. SECURITIES							burden hours per				
Form 4 o Form 5	-		0 . 1		a .	· -			response	0.5		
obligatio							•	e Act of 1934, 1935 or Section				
may cont	unue.) of the In	•	•	- ·			1			
<i>See</i> Instruction 1(b).	uction	50(II)) of the m	vestillent	Compan	y Ac	101194	0				
1(0).												
(Print or Type I	Responses)											
	Address of Report	e –		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
•				ymbol				155001				
			TREX (TREX CO INC [TREX]				(Check all applicable)				
(Last)	(First)	(Middle)		f Earliest Tr	ansaction							
C/O TDEV	COMDANIX	NC 160		onth/Day/Year)				X_ Director Officer (give		tle 10% Owner		
EXETER D	COMPANY, I	INC., 100	07/25/2	018				below)	below)	r (speeny		
LALILAD			4 10 4	1.0								
	(Street)			If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			Flied(Mor	ith/Day/Year)			Applicable Line) _X_ Form filed by C	One Reporting Pe	rson		
WINCHEST	TER, VA 2260)3-8605						Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3.	4. Securi		-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ar) Execution any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1130.5)		-					5)	Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	A	or	Deine	(Instr. 3 and 4)				
Common					Amount	(D)	Price \$					
Stock	07/25/2018			A <u>(1)</u>	894	А	¢ 65.37	$20,966 \frac{(2)}{2}$	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MERLOTTI FRANK H JR C/O TREX COMPANY, INC. 160 EXETER DRIVE WINCHESTER, VA 22603-8605	Х						
Signatures							
/s/ William R. Gupp by power of attorney	07/26/2018						
**Signature of Reporting Person		Date					
Evaluation of Deer							

Explanation of Responses:

- * 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).
- (1) This restricted award vested upon grant date.
- (2) On June 18, 2018, the Company effectuated a two-for-one stock split to common shareholders of record on May 23,2018. The amounts set forth in this Form 4 and all subsequent reports filed report the amounts adjusted to reflect the stock split.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.