SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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. Name and Address of Reporting Person* Tack Carl E. III	2. Date of Event Requiring Statem (Month/Day/Year) 02/19/2014	ent 🔽	3. Issuer Name and Ticker or Trading Symbol <u>TREDEGAR CORP</u> [ TG ]					
(Last) (First) (Middle) P. O. BOX 3716			4. Relationship of Reporting Perso (Check all applicable) X Director	on(s) to Issue 10% Owne	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WILLIAMSBURG VA 23187 (City) (State) (Zip)			Officer (give title below)	Other (spe below)	App	olicable Line) X Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Da Expir (Mon			3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:		Expiration Date	Amount Deri or Sec Number	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Remarks:

No securities are beneficially owned.

Carl E Tack, III

<u>02/27/2014</u>

\*\* Signature of Reporting Person

Date

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 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.