FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |

0.5

hours per response:

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

|   |   |  |   |         | OI 3                         | Secuc   | )II 30(II)   | or the i                        | mvesime                             | rit Coi          | прапу Аст           | 01 194 | U           |                  |  |   |   |   |                                       |  |
|---|---|--|---|---------|------------------------------|---|--|---------------------------------|-------------------------------------|------------------|---------------------|--------|-------------|------------------|--|---|---|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person*  Schewel Michael Jay |   |  |   |         |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TREDEGAR CORP [ TG ] |  |                                 |                                     |                  |                     |        |             |                  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  |   |   |   |                                       |  |
| (Last) (First) (Middle) 1100 BOULDERS PARKWAY                 |   |  |   |         |                              | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2018             |  |                                 |                                     |                  |                     |        |             |                  | X  | Officer (give title below)  Vice Presiden |   | Oth<br>bel  | er (specify<br>ow)                    |  |
| (Street) RICHMO   |   |  | 23225<br>Zip)                                 |         | 4. If                        | Ame   | ndment,  | Date o                          | of Origina                          | l Filed          | I (Month/Da         | ay/Yea | r)          |                  | 5. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |   |                                       |  |
|   |   | Tabl                                       | e I - No                                      | n-Deriv | ative                        | Sec   | curitie  | s Ac                            | quired                              | Dis              | posed o             | f, or  | Ben         | eficia           | ılly   | Owne                                      | ed  |   |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da    |   |  |   |         |                              | Execution Da  |  |                                 | 3.<br>Trans<br>Code<br>8)           |                  |                     |        |             | 4 and Second Ben |  | icially<br>d Following                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               | of Indirect   |                                       |  |
|   |   |  |   |         |                              |   |  |                                 | Code                                | v                | Amount (A) or (D)   |        | A) or<br>O) | Price            | Trans  |   | action(s)<br>3 and 4)   |   | (111511.4)                            |  |
| Tredegar Common Stock 11/13/                                  |   |  |   | /2018   |                              |   | P  |                                 | 5,000                               |                  | A \$1               |        | .95         | 2                | 1,933  | D   |   |   |                                       |  |
|   |   | Та   |   |         |                              |   |  |                                 |                                     |                  | sed of,<br>onvertib |        |             |                  | / Ov   | vned                                      |   |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemd<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transa<br>Code (<br>8) |   | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) of<br>Dispo<br>of (D)<br>(Instr<br>and 5 | ative<br>rities<br>ired<br>osed | 6. Date E<br>Expiration<br>(Month/I | on Dat<br>Day/Ye |                     | or     |             | str. 3 ount      | Deriv<br>Secu<br>(Insti  |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |         | Code                         | v   | (A)  | (D)                             | Exercisa                            |                  | Date                | Title  | Sha         | res              |  |   |   |   |                                       |  |

**Explanation of Responses:** 

Remarks:

Patricia A. Thomas, Attorney-

In-Fact

\*\* Signature of Reporting Person

Date

11/14/2018

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.