FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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

1. Name and Address of Reporting Person* GIANCASPRO MICHAEL W	2. Date of Event Requiring Staten (Month/Day/Year 09/02/2003	nent	3. Issuer Name and Ticker or Trading Symbol TREDEGAR CORP [TG]				
(Last) (First) (Middle) TREDEGAR CORPORATION			Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (Mo	Amendment, Danth/Day/Year)	ate of Original Filed
1100 BOULDERS PARKWAY			X Officer (give title below)	Other (spec	, lo. 11	ndividual or Joint licable Line)	t/Group Filing (Check
(Street) RICHMOND VA 23225	-		Vice Presider	nt	2	_	y One Reporting Person y More than One erson
(City) (State) (Zip)							
	Table I - Non	-Derivati	ive Securities Beneficially	y Owned			
1. Title of Security (Instr. 4)						4. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Be	, , ,	or Indirect (r. 5)	
Tredegar Common Stock		В	, , ,	or Indirect (r. 5)	
Tredegar Common Stock)erivative	, , ,	or Indirect ((Instr. 5) D Dwned	1)`` `	. 5)	
Tredegar Common Stock 1. Title of Derivative Security (Instr. 4)		Derivative Is, warrar	874 Securities Beneficially Conts, options, convertible	or Indirect ((Instr. 5) D Owned securities ies	1)`` `	5.	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

Michael W. Giancaspro 09/04/2003

** 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.