FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington,   | D.C. | 20549 |
|---------------|------|-------|
| vvasilington, | D.C. | 20040 |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |
| hours per respense.      | 0.5 |  |  |  |  |  |  |  |  |

| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative |
|--|
| defense conditions of Rule 10b5-   |

Instruction 1(b).

| 1 Name ar  | nd Address  | of Reporting Pers | on*   |                                  | 2. Iss                                  | suer N  | ame <b>ar</b>   | nd Tick  | er or Tra                      | ading  | Symbol  |                                       |                               | 5. Re  | ationship  | of Reporti  | ng Per   | rson(s) to Is                       | ssuer     |
|--|---|-------------------|---|----------------------------------|---|---|-----------------|--|--------------------------------|--------|---|---------------------------------------|-------------------------------|--|--|---|--|-------------------------------------|-----------|
| Name and Address of Reporting Person*     FREEMAN GEORGE C III |   |                   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TREDEGAR CORP [ TG ] |                                  |   |   |                 |  |                                |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                       |                               |  |  |   |  |                                     |           |
|  |   |                   |   |                                  |   |   |                 |  |                                |        |   |                                       | V                             | Direc  |  |   | 10% O  |                                     |           |
| (Last) (First) (Middle)  |   |                   |   |                                  |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024 |                 |  |                                |        |   |                                       |                               | Officer (give title Other (specify below) below) |  |   |  |                                     |           |
| 1100 BO  | OULDERS   | PARKWAY           |   |                                  |   |   |                 |  |                                |        |   |                                       |                               |  |  |   |  |                                     |           |
| (0)  |   |                   |   |                                  | 4. If /                                 | Ameno   | lment,          | Date o   | f Origina                      | I File | d (Month/Da   | y/Year                                | )                             | 6. Ind<br>Line)                                  | ividual o  | r Joint/Grou  | ıp Filin   | ng (Check A                         | pplicable |
| (Street)<br>RICHM(   | OND '   | /A                | 23225   |                                  |   |   |                 |  |                                |        |   |                                       |                               | V  | Form   | filed by On   | e Rep  | orting Pers                         | on        |
| ,  |   |                   |   |                                  |   |   |                 |  |                                |        |   |                                       |                               |  | Form<br>Perso  | filed by Mo   | re tha   | n One Rep                           | orting    |
| (City)   | (   | State)            | (Zip)   |                                  |   |   |                 |  |                                |        |   |                                       |                               |  | . 0.0.   |   |  |                                     |           |
|  |   | Tak               | le I - No   | n-Deriva                         | tive \$                                 | Secu  | rities          | Acq  | uired,                         | Dis    | posed of  | , or E                                | Bene                          | ficiall  | y Own  | ed  |  |                                     |           |
| 1. Title of Security (Instr. 3)  2. Transad Date (Month/Date)  |   |                   |   | Execution Date,                  |   |   |                 | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) |                                |        |   | 5. Amo<br>Securit<br>Benefic<br>Owned | ties<br>cially<br>I Following | Form<br>(D) o                                    | wnership<br>n: Direct<br>or Indirect<br>nstr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |                                     |           |
|  |   |                   |   |                                  |   |   |                 | Code   | v                              | Amount | (A)<br>(D)  | or F                                  | Price                         | Transa   | action(s)<br>. 3 and 4)  |   |  | (Instr. 4)                          |           |
| Tredegar Common Stock 10/01/2                                  |   |                   |   |                                  | 2024                                    |   |                 | Α  |                                | 3,142  | A   |                                       | \$7.16                        | 16 64,410  |  |   | D  |                                     |           |
|  |   |                   | Table II -  |                                  |   |   |                 |  |                                |        | osed of,<br>onvertib  |                                       |                               |  | Owne   | d   |  |                                     |           |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                   | ar) if any  | emed<br>ion Date,<br>//Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   |                 |  | 6. Date<br>Expirati<br>(Month/ | on Da  |   |                                       | De<br>Se<br>(In               | Price of<br>rivative<br>curity<br>str. 5)        | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficia<br>Ownershi<br>(Instr. 4) |           |
|  |   |                   | Code  | v                                | (A)                                     | (D)   | Date<br>Exercis | able   | Expiration<br>Date             | Title  | Amor<br>or<br>Numl<br>of<br>Share                                       | ber                                   |                               |  |  |   |  |                                     |           |

**Explanation of Responses:** 

Kevin C. Donnelly, attorneyin-fact

10/03/2024

\*\* 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 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.