FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | en | | | | | | | | |

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).

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

| 1. Name and Address of Reporting Person* COWLES DONALD T | | | | | | 2. Issuer Name and Ticker or Trading Symbol TREDEGAR CORP [TG] | | | | | | | | | Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|---|---|----------|---------|---|---|--|--------------------------------------|--|---|---------------------|---|---------------------------|--------|---|---|--|---|--|--|--|
| , CONTED DOMARD I | | | | | | | | | | | | | | | | Direc | | | Owner | | |
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Officer (give title below) | | below | (specify | | |
| 306 LOCK LANE | | | | | 09/ | 09/30/2011 | | | | | | | | | | | | | | | |
| | | | | | 4 If | Ame | ndment | Date o | f Original | Filed | (Month/Da | av/Yea | r) | 6 | Indivi | านลโ ด | r Joint/Groun | Filing (Check | Annlicable | | |
| 4. If Amendment, Date of Original Filed (Month/ (Street) | | | | | | | | | | (Mona # De | ayr rea | ., | | ne) | auui o | Timing (Oncok) | фрисавіс | | | | |
| RICHMOND VA 23226 | | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | | |
| | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally C | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code V Amo | | Amount | (A) or (D) Pr | | Price | I | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Tredegar | Common S | tock | | 09/30 |)/2011 | | | | A | | 573 | | A | \$14. | .83 | 1 | 1,357 | 1,357 D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Ow | ned | | | | | |
| L. Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) if any of (Month/Day/Year ative | | n Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

Patricia A. Thomas, Attorney-

** Signature of Reporting Person

In-Fact

nct 1110111as, Attorney-10/04/2011

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 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.